

Library Membership Registration Form

Staff ID Number: Membership Number: (*office use*)

First Name: Surname:

Title: Job Title:

Ward/Unit: Dept:

Site: Ext. No.:

Mobile No: Bleep No.:

Email:

Manager's Name: Manager's Contact No.:

Home Address (Permanent):

Post code: Home Tel. No.:

Home Address (Local):

Post code: Home Tel. No.:

Email:

Contract/ Placement End Date: Manager's signature (students only)

My preferred contact address is: Work Home (permanent) Home (local)

I prefer to receive correspondence from the library (e.g. reminder notices and item reservation details): By email By post

Please tick here if you do not wish to receive service announcements from the library:

I understand that the data and contact information I provide will be stored on the library system, treated as confidential and only available to staff at libraries that are part of the Base-Library consortium.

Please note CCTV may be in operation at the library to ensure safety and provide a deterrent against misuse.

I agree to abide by the Base-Library Service Terms and Conditions (available from the library or www.base-library.nhs.uk) in addition to any local IT and library policies.

Signature:

Date: