|  |  |  |
| --- | --- | --- |
|  | **Staff Libraries****Registration form** |  |
|  |  |  |
| **Title:** | **Surname:** | **Forenames:** |
|  |
| **Profession/Job Title:** |  | \*GMC Number:(if applicable) |
|  |
| **Permanent/Home address:****Postcode:** |
|  |
| **Email address:** (please write clearly) |
|  |
| **\*Home phone:** | **\*Mobile** |
|  |
| **\*Departmental/Term time address:****Work phone: Bleep:** |
|  |
| **STUDENTS ONLY: University/Institution****Course Title: Student number:** |
|  |
| **Contract/Placement start date:** | **\*Contract/Placement end date:** | **\*Please tick if permanent: [ ]** |
| Data Protection: Information held will be maintained in accordance with the Data Protection Act. Your personal information is kept securely at all times and only those persons who are authorised to provide library services within the WHELF Libraries Consortium have access to your data. Borrower’s responsibilities - by signing below you agree to the following:* I agree to abide by the rules of the library. Please see the Library Services website for the library’s terms and conditions.
* to inform the Library service of any changes to the information above.
* to accept responsibility for the cost or replacement of damaged or lost items.
* to consider other users while working in the library
* loans are the responsibility of the card holder. Please do not borrow for others with your card.

Signature: ................................................................................................................................. Date: ...................................................  |
| For Office use only |
| Library number: |  Staff Student |
|  |
| Join Date: | Expire Date: |