

Library and Knowledge Service

Membership Form

Please complete all sections of this form and email it to us.

Email library.healthcare@berkshire.nhs.uk

Your library card will be posted to your workplace or department in due course.
Please bring your card with you when you use the library.

About you

Title	
Forenames	
Surname	
Job	

Work and Education details

Employer/University	
Department	
Contract/Placement End Date	
Type of Contract	
Work/Placement Address	
Postcode	
Work contact number	
Work Email	

Contact details

Home Address	
Postcode	
Home / Personal contact phone number	
Home / Personal Email	

Preferred Email contact <i>(Please choose one)</i>		
Home/Personal	Work	Both

Where would you like your library card to be sent <i>(Please choose one)</i>	
Home	Work

Declaration

I agree to take responsibility for all items I borrow from the library.

I agree to return all the items I borrow or pay for any loss or damage to them during the term of my loan, plus an administration fee where required.

I will notify the library if I change any details listed on this form, and I will report the loss of any items I have borrowed.

I have read the privacy notice and agree to this data being held in accordance with the General Data Protection Regulation (2018) for use in the library system shared by NHS libraries in the South West, Thames Valley and Wessex.

For full details of the library's terms and conditions, and the privacy notice, visit <https://bhftlibrary.wordpress.com/privacy-policy/>

Signed

Date

For staff use only

Staff Use Only Barcode No.		Expiry Date		Surname	
Staff	Student	External	Other		