

MENTAL HEALTH STAFF LIBRARY MEMBERSHIP APPLICATION

Please complete the following registration details:

Title:	Surname:
First Name :	Middle Name(s):

***Work Address Details:**

Name of Ward, Department or Team:		
Name of hospital <u>OR</u> community facility:		
Street number and name <u>OR</u> PO Box details:		
Suburb:	State:	Postcode:
Telephone (Work): ()	Fax: ()	
Email Address:		

***Please note: Your work address will be now used as the primary address on the library's system. It's therefore important that you advise us of any change.**

Home Address details:

Telephone (Home): ()	Mobile number:

Library Rules and Conditions of Membership:

I, _____, agree to observe the rules of the University of Adelaide Library and to abide by any sanctions which the University of Adelaide Library may impose for any breach of these rules. I am aware that, in addition to any sanctions, failure to observe the Library's rules may result in suspension of my borrowing privileges at the University of Adelaide Library. I also agree to advise the Library, should I cease to be employed in the mental health service, so that my membership can be terminated.

Signature _____ Dated: _____

Library use only:

Library barcode:	
Date processed & initials	