

For office use only:	
Borrower ID:	
PIN:	
Date registered:	
Membership expires:	

## Library Registration Form

If using this form electronically use the TAB key to move down the form.

Title	
First Name(s)	
Last Name	
Job Title	
Department	
Work Address <i>(including postcode)</i>	
Contract Details	Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contract End Date:    /    /
Home Address <i>(including postcode)</i>	
Work Telephone	
Home/Mobile No.	
Email Address	

<b>Athens Account</b> (Free access to NHS electronic resources – journals and clinical databases such as Medline, Cinahl and PsycINFO, and much more.)	<input type="checkbox"/> I do not have an NHS Athens account, please set one up for me. <input type="checkbox"/> I have a <b>Coventry &amp; Warwickshire Partnership</b> Athens account but would like my login details re-set. <input type="checkbox"/> I have an NHS Athens account through another Trust and will transfer this to <b>Coventry &amp; Warwickshire Partnership Trust</b> . <i>Please tick if you would like assistance with this.</i> <input type="checkbox"/>
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Library Regulations	I agree to abide by the library regulations as stated in the library policy
Copyright	I agree to abide by copyright law
Data Protection Act	I consent to the data provided above being used with the data protection statement below: <i>Coventry and Warwickshire Partnership Trust's library service is committed to meeting its obligations as laid out within the Data Protection Act 1998. As such library services and library services staff will only use the personal information that you provide to carry out legitimate operational functions related to the effective management of the department. The information you provide us with will not be passed onto third parties or placed in the public domain.</i>
Signature:	Date: