

Reader Number

Pin number

Family Name

UHCW NHS TRUST LIBRARY AND KNOWLEDGE SERVICES

REGISTRATION FORM

TITLE: **FIRST NAME:**

FAMILY NAME:

JOB TITLE:

DEPARTMENT:

CONTRACT END DATE/GRADUATION DATE:

IF PERMANENT STAFF TICK HERE:

WORK / TERM ADDRESS:

.....

E-MAIL ADDRESS:

HOME ADDRESS:

.....

POST CODE:

N.B. Library staff will use e-mail as the preferred method of contact.

WORK CONTACT NUMBER:

HOME / MOBILE CONTACT NUMBER:

Please continue overleaf

Privacy Notice and Membership Declaration

Using your personal information

The information you supply will be used to contact you about services or resources you have requested from UHCW Library and Knowledge Services (LKS). The information you have provided will be used to contact you about services or resources you have requested from UHCW LKS.

Sharing your personal information

The information you have provided will be added to the library management system shared between the NHS Trusts in Coventry and Warwickshire. We will share your information with the organisation that supplies and manages our library management system.

Consent

To improve our service we would like to contact you occasionally by email. Please tick if you are happy for us to:

Contact you to participate in our UHCW LKS user experience and needs survey

Send you information about services offered by UHCW LKS

Accessing your personal information

You may log in to our library management system at <http://tinyurl.com/uhcwlib> (using your Reader Number and PIN) to see the data we hold about you. You can request changes by emailing libraryw@uhcw.nhs.uk. If you have any queries regarding this, please contact UHCW LKS.

Deleting your personal information

We will delete the data we hold on you after a maximum 5-year period of inactivity.

Your declaration

I apply for membership of UHCW LKS and agree to abide by the Rules and Regulations of the Library as provided by the UHCW LKS Operational Policy. I agree to my data being held and used as described above. By typing my name in the signature box below, I agree to this declaration.

SIGNATURE: **DATE:**

Please note: Copies of the UHCW LKS Operational Policy are available on request.

OFFICE USE ONLY

DATE ENTERED:

ENTERED BY:

Photocopy card receipt signature

ID Badge Ref: