

Library & Knowledge Services

Hull and East Yorkshire Hospitals 
NHS Trust

Membership Application Form

Title:	Last Name:
First Name:	
Employer or University:	Department:
Job Title (i.e. F1, ST, Student, Secretary):	
Email Address:	
Contract/Placement end date (if applicable):	
Manager and Contact Details:	
Home Address:	
Home Telephone or Mobile Number:	Students only:
	Student ID/Card Number:
	Course completion date:

Please read and sign

By using the facilities provided by Library and Knowledge Services (LKS), you agree to abide by the LKS regulations. You agree and understand that you are financially responsible for making good the loss of or damage to, any items on loan to you. You also undertake to keep LKS informed of your current work/email address. You understand that these details are held on the library management system and that this information will only be available to NHS LKS staff which may involve other NHS libraries, or, for students their University body. You consent to this information being held and used in accordance with current Data Protection legislation and local policies. You accept that failure to comply with the Internet Code of Conduct may result in disciplinary proceedings and understand that all computers are subject to remote surveillance. You agree to report any loss of an access swipe-card immediately to LKS. Should the access swipe-card be lost you will forfeit any deposit and will be required to purchase another swipe-card.

Signature: **Date:**

Membership Number M..... Date.....
Swipe Card Number

Telephone: 01482 604323 **Email:** knowledge.services@hey.nhs.uk