

APPLICATION FORM TO JOIN TAMESIDE LIBRARIES

We collect the following information in order to help us ensure we are providing the right services and materials for our customers. We use the information to set up and manage your library account and send you information relating to your account or our services. Full details of how we use the information we hold about you are at: www.tameside.gov.uk/privacynotice/operations

Please complete in capital letters

| | | | |
|-------------------------|----------------------|---------------|----------------------|
| Title Mr/Mrs/Miss/Other | <input type="text"/> | Town | <input type="text"/> |
| First Name | <input type="text"/> | County | <input type="text"/> |
| Surname/last name | <input type="text"/> | Postcode | <input type="text"/> |
| House No./Name | <input type="text"/> | Phone | <input type="text"/> |
| Street Name | <input type="text"/> | Mobile | <input type="text"/> |
| Area | <input type="text"/> | Date of Birth | <input type="text"/> |
| E-Mail | <input type="text"/> | | |

Gender: Female Male Other Prefer not to say

If you are 60 or over please tick

Please specify if something may make it more difficult to access our services:

Hearing impairment Learning impairment Multi disabled

Physical impairment Visual impairment Other

Which ethnic group do you consider yourself to belong to? Please tick one box only

White: British Irish Gypsy or Irish Traveller Other

Arab

Asian/Asian British: Chinese Bangladeshi Indian Pakistani Other

Black/Black British: African Caribbean Other

Mixed/Multiple: White & Asian White & Black African White & Black Caribbean Other

Other Ethnic Group

I do not want to declare my ethnic origin

If you are under 16 this form must be signed below by a parent or guardian:

As parent or guardian, I agree to act as guarantor for the applicant. I will pay for the cost of any items lost or damaged while on loan to them and ensure they return the items by the due date.

| | |
|--------------------------|----------|
| <input type="checkbox"/> | I DO |
| <input type="checkbox"/> | I DO NOT |

give permission for them to use the internet. I understand that the internet is unregulated and the library service is not responsible for material accessed which I may consider unsuitable. Please note that children under 9 must be accompanied by an adult.

Signed Print Name Relationship

For official use only

Key Card Number Borrower category: