

VELINDRE UNIVERSITY NHS TRUST LIBRARY & KNOWLEDGE SERVICE MEMBERSHIP FORM

Title:	Surname:	Forenames:
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Job Title:	NADEX (NHS) Username:
	GMC Number: (If Applicable)

Home Address:
Post Code:

Email Address:

Home Phone:	Mobile Number:
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Ext Number:	Bleep:
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Departmental Address:

Contract Start Date:	Contract End Date:	Please tick if permanent: <input type="checkbox"/>
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Have you ever been registered with NHS Wales Libraries?	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>
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Data Protection: Information held will be maintained in accordance with the Data Protection Act. Your personal information is kept securely at all times and only those persons who are authorized to provide library services within the WHELF Libraries Consortium have access to your data.

Terms & Conditions

- I agree to abide by the rules of the library
- I will inform the Library service of any changes to the information above.
- I accept responsibility for the cost or replacement of damaged or lost items.
- I accept the Library may contact me regarding its services and any future events

Signed:	Date:
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For Office Use Only	
Library Number:	Join Date:
Category Code:	Expire Date:

**PLEASE RETURN TO: VELINDRE UNIVERSITY NHS TRUST LIBRARY, VELINDRE CANCER CENTRE,
WHITCHURCH, CARDIFF CF14 2TL**