Bodleian Health Care Libraries Membership Form – APRIL 2025

<table>
<tr><td colspan="2" align="center">PERSONAL DETAILS – write in BLOCK CAPITALS</td></tr>
<tr><td>TITLE:</td><td>GIVEN NAME (S) (as on official document eg passport, birth certificate)</td><td>GIVEN SURNAME:

PREVIOUS SURNAME (if applicable):</td></tr>
</table>

PREFERRED NAME *if different from given name (please include a surname):*	
DATE OF BIRTH:	
WORK ADDRESS: *(Please include ward/dept, level, OUH site)*	**RESIDENTIAL ADDRESS, including postcode (& Phone number)**
EMAIL ADDRESS: (personal or work)	

EMPLOYMENT DETAILS

EMPLOYER eg OUH NHS Trust If on student placement please state your University/College OUH Badge No:	**CONTRACT TYPE:** If working for **OUH for next 4 years (from date of application) or over tick** permanent ❑, otherwise state the end of your contract/course/placement) below in the format: **date/month/year**

JOB TITLE *(Please tick below if part of Oxford Deanery – must be working within the OUH)*:

If student tick student placement below

☐ Doctor in Training **FYI in the OUH NHS Trust**   ❑ Doctor in Training **FY2 in the OUH NHS Trust**

☐ Doctor in Training **POST FY2 in the OUH NHS Trust**

☐ Student Placement (State course here and home institution, as well as the OUH department you are based in in the employer section above)

KNOWLEDGE SHARE CURRENT AWARENESS *(OPTIONAL)*

☐ **Tick to join Knowledge Share & agree to your details being shared with Brighton & Sussex NHS Trust**

Then tell us below what areas you are interested in to receive a fortnightly email of relevant articles/reports/guidelines
NB: If none of the areas below are filled in, we will presume you have ticked this by mistake and don't want to receive information

CONDITIONS for example heart diseases/cancer/ENT	**AGE GROUPS**	**PROFESSIONAL ROLES** (not needed if your role is clinical only)	**SETTINGS**
	□ Neonates □ Children/adolescents □ Adults □ Elderly	□ Researcher role □ Education/Prof Practice role □ Quality/Safety/Risk role □ Patient/carer experience role □ Manager/Leader role □ Service Designer role □ Policy and guidelines role	□ Ward □ Emergency dept □ Intensive care □ Outpatients □ Community □ Perioperative □ End of life care

Would you like to make us aware of additional needs in using the library (e.g., dyslexia, mobility issues)? Staff will contact you to discuss support which may be available.   □ Yes   □ No

- I confirm this information is accurate. I will inform the Bodleian Health Care Libraries promptly of any changes.
- I will keep to the University and OUH Foundation Trust regulations in the use of materials and facilities including computers, networked resources and copyright.
- I give permission to the Bodleian Libraries to pass on to the organisation which funds my library membership, or to my employer, or to the University of Oxford, any information in regard to my use of the Bodleian libraries.
- I have read & agree to abide by the Bodleian Libraries Rules of Conduct for Readers relating to the use of the facilities of the Oxford University Bodleian Libraries as stated at : https://www.bodleian.ox.ac.uk/about/libraries/policies/rules-conduct & have read the Privacy notice at: https://nhs.bodleian.ox.ac.uk/sites/default/files/nhs/documents/media/bodleian-admissions-privacy-notice-nhs.pdf

Signature: Date:

To be completed by library staff

Registration: In person ❑   Remote:❑   Renewal: ❑   Lost Card:❑

Official Name (as on Entrust Database)

Preferred name if different (name on card):

Previous surname (if applicable)

Existing Registration: OU / Library Card Number: Expiry Date:

Change Expired University Card to BHCL Library card (*only to be done if not getting new OU Card*): ❑

Card Printing   **Collection Library:**   JR ❑   KC ❑   NOC ❑   HORTON ❑

PLEASE ASK TO SEE OUH ID

Form Signed (physical or electronic):   Yes ❑

Card No: Expiry Date:

Card made by: Staff Initials: Date:

Actions (date and initals)

ACTION	Staff Initials & Date
OUH ID seen	
Photo Added	
Entrust record created/updated	
HCL Code added	
ALMA record checked	
Items renewed on ALMA (if none put N/A)	
Reader emailed from HCL Enquiries	
K/S info emailed (if applicable – if not put N/A)	
Additional needs box ticked if so let Sue/Kat know the details if not put N/A	

BOOKS ISSUED – only if appropriate ID has been shown – or to be transferred

Barcode	Brief title details	Date due back	Entered on ALMA by: