

Bodleian Health Care Libraries – Membership Form

OXFORD BROOKES UNIVERSITY FACULTY OF HEALTH & LIFE SCIENCES

PERSONAL DETAILS:

Title:

Given first name (s) (as on official document eg passport):

Given Surname:

Previous Surname (if applicable):

Preferred name (if different from above) – include surname:

Date of Birth:

Address: Faculty of Health & Life Sciences, Jack Straws Lane, Marston, Oxford, OX3 0FL

Email Address (work or personal):

Phone/Mobile Number:

COURSE TYPE: Please tick the box(es) that apply:

Adult Nursing (BA)	<input type="checkbox"/>	Child Nursing (BC)	<input type="checkbox"/>	MSc/BSc Health Sciences (BT)	<input type="checkbox"/>
Lecturing Staff (BH)	<input type="checkbox"/>	Adult & Mental Health Nursing (BU)	<input type="checkbox"/>	Midwifery (BD)	<input type="checkbox"/>
Physiotherapy (BE)	<input type="checkbox"/>	Children's & Mental Health Nursing (BV)	<input type="checkbox"/>	Social Work (BN)	<input type="checkbox"/>
Mental Health Nursing (BJ)	<input type="checkbox"/>	Operating Dept Practitioner (BM)	<input type="checkbox"/>	Pre-Registration Masters (BI)	<input type="checkbox"/>
Osteopathy (BL)	<input type="checkbox"/>	Occupational Therapy (BK)	<input type="checkbox"/>	Clinical Acupuncture (BQ)	<input type="checkbox"/>
Return to Practice (BR)	<input type="checkbox"/>	Health & Social Care Foundation (BS)	<input type="checkbox"/>	Paramedic Emergency Care (BO)	<input type="checkbox"/>

Other Faculty of Health & Life Sciences Course (BP) ☐ Please state coursePostgraduate (BF) ☐ Please state course:Post-qualifying (BG) ☐ Please state course:If not a student please tick here to confirm you are a member of Faculty of Health & Life Sciences staff: ☐End date of Course if a student (*please ensure you put the full date eg 31/10/22*):End date of contract if a member of Faculty of Health & Life Sciences Staff: (*please ensure you put the full date eg 31/10/22 – if permanent put permanent*):***NB: if your course/contract end date is further than a year away from date of application – then BHCL membership will only be for a year***

- 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 staffID: OBU ☐ Payslip ☐ Headed Paper ☐

Other:

Shown on collection: ☐

Registered By:

Date:

Card Number:

Registered Until:

**(ONE YEAR MAX OR UNTIL END OF COURSE IF
COURSE ENDS IS UNDER A YEAR)****Registration:**

Official Name (including surname):

Preferred name – if different (including surname)

Previous Surname (if applicable):

Eligible for BHCL membership: ☐

Existing Registration (s): Library Card no: Library Card Expiry Date:

Create / Update Library Card & add BHCL membership: ☐Renew Lost Orange Library Card: ☐

Patron Status = Reference Only (71)

Patron Type (Category):

Actions:Photo taken & stored: Yes ☐ No ☐ N/A ☐ Staff Initials: Date:ID Works record updated/created: Yes ☐ No ☐ N/A ☐ Staff Initials: Date:ALMA record updated/created Yes ☐ No ☐ N/A ☐ Staff Initials: Date:Reader emailed Yes ☐ No ☐ Staff Initials: Date:**Collection library:** JR ☐ KC ☐ NOC ☐ Horton ☐**Card Printing:**Print Card: Yes ☐ No ☐Signature Scanned: Yes ☐ N/A ☐MD changed to OB **AFTER** Printing Yes ☐

Card made by: Staff Initials: Date: