NHS
University Hospitals
Plymouth
NHS Trust

Discovery Library, Level 5
Derriford Hospital, Plymouth PL6 8DH
Tel: 01752 439111, email: library.mailbox@nhs.net

Library registration Form - to be completed before issue of library card.
Please show your professional ID before borrowing.
By signing the registration form you agree to the following conditions -

- Renewals of our stock may be made in person, by contacting the library, online, or at the self-service kiosk.

- For overdue items from this library, three overdue notices will be sent, after which an invoice to cover the replacement cost plus an administrative fee will be issued.

- Borrowing privileges may be suspended if there are overdue loans or large fines owing on your account.

- Items on loan are the responsibility of the borrower, and should be returned in person to the library. Items not returned directly to the library are the responsibility of the borrower.

- It is the borrower's responsibility to inform the library of changes in contact details.

- Upon ceasing to be a member, all items must be returned and charges paid. If wanting to transfer to another library, transferring may not be possible until this is done.

Full regulations and Privacy Policy are available at http://discoverylibrary.org/guides-and-forms/

Discovery Library, Derriford Hospital - Membership Form
PLEASE COMPLETE IN BLOCK CAPITALS

Work

Title(Mr.Ms.Dr.etc.)……… Surname:……………………………… Forename:………..…………………………

Job Title:……………………………………………………… Tel/Bleep:……………………………………

Work Address: …………………………………………………………………………………………………….

Work Email: *(please use the boxes provided)*

Employing Authority: …………………………. Contract/Placement Expiry Date: …………….

Home

Home Address: ………………………………………………………………………………………………...

……………………………………………………………………………… Post Code: …………………….

Home Tel: …………………………………………. Mobile: …………………..………………………………

Home Email: *(please use the boxes provided)*

I agree to comply with library regulations and accept responsibility for any items borrowed from the library. I have read the privacy policy and agree to this data being held in accordance with the General Data Protection Regulation (2018) for use in the library management system shared by NHS libraries in the South West, Thames Valley and Wessex.*

Signature:……………………………………………………….. Date:……………………

* Full details are available at http://discoverylibrary.org/guides-and-forms/