

Membership Form: For NHS Staff & Contractors

**Please complete all parts of this form. The declaration at the end of the form explains why we gather this information, how we hold it and how we will use it, in accordance with permissions granted by you.**

|  |
| --- |
| Title (please circle): Dr / Mr / Mrs / Miss / Ms / Other (please specify) |
| Surname: | First names:  |
| Job title: |
| Email address (NHS/work/university):  *Please tick if you haven’t got your NHS email yet; we will add it when it appears on the staff contacts list.**If you wish to receive emails relating to overdue items at a different address please specify an alternative below*  |
| Work telephone/mobile/bleep: |
| Department/Ward/Practice: |
| Name of your line manager: |
| Site (where you are based, e.g. ‘Rotherham Hospital’, ‘Oak House’, ‘Barnsley General Practice’): |
| Employer/Educational Establishment (i.e. your NHS Trust, Practice or University): |
| University Registration Number (if a student member): |
| Are you (please circle): Permanent / Fixed Term Staff / On Placement |
| If you are fixed term staff when does your contract end? | If you are a student, when does your placement end? |
| **PLEASE TURN OVER TO COMPLETE AND SIGN** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| We send out **email reminders for overdue items**.  We will use the email address given overleaf unless you specify an alternative here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please indicate if you would like us to contact you using this email address for any of the following:* **Email distribution list:** which we use to send out notices about new library services
* **New books:** we’ll send you an an alert when we add new books within your specialty or relevant to you department
* **Alerts & bulletins:**  We can provide you with regular evidence updates on your professional interests. Please complete the section below if you would like to sign up to this service:

|  |
| --- |
| I would like to receive personalised update emails on a weekly/monthly basis (please circle) |
| Please tell us about your areas of professional interest:  |  |
| Which age groups are of interest? Please circle | Neonates | Children & Adolescents | Adults | Older People |
| Which settings are of interest? Please circle | Acute | Community | General Practice | Other: |
| Which conditions/lifestyle factors are of interest? E.g. Stroke, Diabetes, Alcohol Misuse |  |

 |

|  |
| --- |
| **HOW WE USE AND STORE YOUR DATA: PLEASE READ, SELECT & SIGN:** |
| *The information I have submitted is to the best of my knowledge accurate at the time of completion. I agree to inform the Library & Knowledge Service of any change of contact details or employment circumstances. I agree to abide by the conditions of use of the TRFT Library & Knowledge Service.**Your information is processed and held in accordance with data protection legislation. It will not be used for any purpose other than the administration of TRFT Library & Knowledge Service. Personal email addresses provided by you will only be used for the purposes outlined above.**The Library & Knowledge Service stores your information on an application called ‘****KnowledgeShare****’ for internal library administration purposes . KnowledgeShare can also be used to share your contact details and interests with other NHS trusts who use it to promote knowledge sharing across the NHS: this will only be done with your permission. Please indicate your KnowledgeShare preferences below (you can change your preferences at any time):* ***I agree to my data being held on KnowledgeShare:****For further information about KnowledgeShare and all other aspects of how we store and use your data please see our Privacy Statement* [*https://www.trftlibraryknowledge.com/privacy-policy.html*](https://www.trftlibraryknowledge.com/privacy-policy.html)*.Please Sign here: Date:* |