

Membership Form: For Non-NHS Staff

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.

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| Title (please circle): Dr / Mr / Mrs / Miss / Ms / Other (please specify) | |
| Surname: | First names: |
| Job title (if applicable): | |
| Employer (if applicable): | |
| Place of work and work address (if applicable):  Work Telephone:  Work email address: | |
| Are you (please circle): Permanent / Fixed Term Staff / On Placement | |
| If you are fixed term staff when does your contract end? | |
| Home address:  Postcode: Telephone:  Personal/home email address:  **\*PLEASE NOW TURN OVER TO SIGN UP FOR ALERTS AND TO SIGN/DATE THIS FORM\*** | |

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| **2. KEEP UP TO DATE: SIGN UP FOR OUR ALERTS** |
| We send out **email reminders for overdue items**.  We will use the email address given overleaf unless you specify an alternative here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please tick 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 * **Subject-specific bulletins & information digests** to keep you up to date on developments in your work areas. |



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| **3. DECLARATION & SIGNATURE** | |
| *This membership is valid for two years.  Unless you cancel it earlier we will automatically check whether you want to continue your membership in two years time.  This is to comply with data protection legislation. For further information see our Privacy Statement* [*https://www.trftlibraryknowledge.com/privacy-policy.html*](https://www.trftlibraryknowledge.com/privacy-policy.html)*.*  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 address or employment circumstances. I agree to abide by the conditions of use of the TRFT Library & Knowledge Service. | |
| Please sign here: | Date: |