

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.

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| 1. **ABOUT 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.* | |
| Work telephone/mobile/bleep: | |
| Department/Ward/Practice: | |
| Name of your line manager: | |
| Site (where you are based, e.g. ‘Rotherham Hospital’, ‘Oak House’): | |
| Employer/Educational Establishment (i.e. your NHS Trust 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** | |

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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** | |
| 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.  *For non-TRFT staff this membership is valid for three years.  Unless you cancel it earlier we will automatically check whether you want to continue your membership in three 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)  *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.* | |
| Please sign here: | Date: |
| **Please hand this form to library staff or post to the TRFT Library & Knowledge Service at either:**   * **Rotherham Hospital, Level D, Moorgate Road, Rotherham S60 2UD, OR** * **Oak House, Bramley, Rotherham S66 1YY.** | |