

Home Library Service Membership Registration



APPLICANT DETAILS

<input type="text"/>	<input type="text"/>
Given names	Surname
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
PIN (to check your account and place holds)	Date of birth
Address	<input type="text"/>
	STATE POSTCODE
Home phone	<input type="text"/>
Mobile	<input type="text"/>
Email	<input type="text"/>

EMERGENCY CONTACT

<input type="text"/>
Given names
<input type="text"/>
Surname
<input type="text"/>
Relationship
<input type="text"/>
STATE POSTCODE
Address
<input type="text"/>
Home Phone
<input type="text"/>
Mobile

OFFICE USE ONLY

P 2 1 6	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Membership number allocated	PROFILE: HLS
BRANCH	<input type="text"/>	<input type="checkbox"/>	CURRENT MEMBER
		<input type="checkbox"/>	NEW MEMBER (I.D. TO BE SIGHTED)
REGISTRATION DATE	<input type="text"/> / <input type="text"/> / <input type="text"/>	STAFF NAME	<input type="text"/>

PRIVACY PROTECTION NOTICE

The personal information that Blue Mountains City Council ("Council") is collecting from you is personal information for the purposes of the *Privacy and Personal Information Protection Act 1998* (PPIPA).

Purpose of collection: This information is being collected to confirm eligibility for, and access to, Library Membership.

Intended Recipients: Blue Mountains City Council employees.

Supply: The supply of information by you is voluntary. If you are unwilling to provide this information, Blue Mountains City Council may be unable to provide access to Blue Mountains Library Membership and will not be able to process your application.

Access and Correction: You may access or amend your personal information held by Blue Mountains City Council. Please contact the Council on (02) 4780 5000 or by email at council@bmcc.nsw.gov.au

Storage: Blue Mountains City Council located at 2-6 Civic Place Katoomba NSW 2780 is collecting this information and will store it securely.

For further details on how Blue Mountains City Council manages personal and health information, please refer to our Privacy Management Plan.

HOME LIBRARY SERVICE MEMBERSHIP TERMS & CONDITIONS

Members will

- observe the Blue Mountains Library User Guidelines
- accept responsibility for all items borrowed on their card
- leave all items out for return as scheduled (unless renewal has been requested and approved with library staff prior to this date).
- agree to pay replacement costs for any items lost or damaged
- notify the Home Library Service of any changes that will affect deliveries, e.g. absence due to illness or holidays
- notify any changes to their contact details or their emergency contact's details

☐

I have read and agree to the Terms and Conditions above.

☐

I give permission for authorised Home Library Service staff to enter the address given on this form overleaf for the purpose of delivering library materials.

Signature

 / /

Date

HOME LIBRARY SERVICE MEMBERSHIP REFERRAL

Eligibility is based on need; no age restrictions apply

This referral is to be signed by a health care professional, or NDIS provider.

I,

declare the following person is eligible for Blue Mountains Library Home Library Service Membership.

Name

Address

STATE

POSTCODE

☐

Indefinitely

OR

☐

From

/

/

to

/

/

This referral is made in my capacity as:

☐

Health care professional

☐

NDIS provider

☐

Care provider / facility

Name

Signature

 / /

Date

OFFICE USE ONLY☐

CONDITIONS, PERMISSION & REFERRAL CHECKED

STAFF NAME