

Your Library Membership Form



Please fill in your / your child's details in **BLOCK CAPITALS**

Title

First name

Surname

Date of birth

Address

Postcode

Telephone

Mobile

Email

Library Card Number

For office use only
Form of identification

Parent / carer (over 18) must fill in their details in this section if the above applicant is under 16 years old...

If you are a temporary resident/student within Leicestershire...

Fill in this section about your permanent address.

Title

First Name

Surname

Address
(if different from above)

Postcode

Telephone

Mobile

Email

Signature

Home address

Home postcode

Home telephone

As the parent / carer of the person named above, I accept liability for all items borrowed by them and for their behavior in the library

A PIN will be allocated to you. This will enable you to access 24/7 online services and use the library computers. For security purposes, we advise you to change your PIN when you first log in.

Tick this box if you wish to receive publicity material

Tick this box if you do not wish to receive publicity material

Privacy Statement. Information supplied on this form will be held on computer and will be used in accordance with the Data Protection Act 1998 for statistical analysis, planning and the provision of services by the County Council and its partners. The information will be held in accordance with the Council's records management and retention policy.

Signature

Date

Leicestershire County Council is committed to ensuring that our services, policies and practices are free from discrimination and prejudice and that they meet the needs of all sections of the community.

To enable us to check that what we are providing is fair and effective, we would be grateful if you would answer the questions below. You are under no obligation to provide the information requested, but it would help us greatly if you did.

Are you:

- Male Female

Are you:

- A senior citizen
 A full-time student
 Unwaged

Do you consider yourself to be a disabled person?

- Yes No

If yes, please tick the type of impairment/s which apply to you:

- A visual impairment
 A hearing impairment
 A physical impairment
 A learning disability
 Mental health condition
 A long-term illness

What is your religion? (Please tick one)

- None
 Christian(all denominations)
 Buddhist
 Hindu
 Jewish
 Muslim
 Sikh
 Any Other religion

How would you describe your ethnicity? (Please tick one)

- White English
 White Irish
 White other British
 Any other white background
 White and Black Caribbean
 White and Black African

- White and Asian
 Other mixed background
 Indian
 Bangladeshi
 Pakistani
 Other Asian background
 Black Caribbean
 Black African

- Other Black background
 Chinese
 Arab
 Gypsy/Romany/Irish Traveller
 Other (Please State)

Many people face discrimination because of their sexual orientation and for this reason we have decided to ask this monitoring question. You do not have to answer it but we would be grateful if you could tick the box next to the category which describes your sexual orientation.

- Bi-sexual
 Gay

- Heterosexual
 Lesbian

- Other (Please state)