

NHS STAFF REGISTRATION FORM

Name of your Trust: University Hospital of South Manchester

Other – please specify: _____

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Other:
First name	
Last name	
Home address	
	Postcode
Job title	
Department address	
Email address	
Tel. no. or bleep	
Contract end date (if applicable)	

How did you hear about us? _____

I have read and agree to abide by the Library Regulations and to update the library if any of the above details change.

Signature _____ **Date** _____

By signing this application form you agree to adhere to the Library's rules and regulations. Your information is processed in accordance with the Data Protection Act 1998. It is likely that your information will be shared with the Trust's Finance Department and Institutes of Higher education, if and when applicable. Your information may also be shared with other NHS libraries in order to recover library property borrowed from this or any other NHS library.