

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	_____
Email address	_____
Tel. no. or bleep	_____
Contract end date (if applicable)	_____

How did you hear about us? _____

I joined because of the: Six Book Challenge Health & Wellbeing Collection

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 service.