

STUDENT REGISTRATION FORM

Please complete this form only if you are a full time undergraduate student

I am an undergraduate **MEDICAL** student

I am an undergraduate **NURSING** student attached to _____ Trust

Other Student – please specify: _____

Course START Date: _____

Course END Date: _____

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other: _____
First name	_____
Last name	_____
Term time address	_____
	Postcode
Home Address	_____
	Postcode
Name of University	Manchester Univ. <input type="checkbox"/> MMU <input type="checkbox"/> Other – please specify _____
University Library Card No.	_____
Email address	_____
Tel. no. or bleep	_____

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.