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**Membership Application**

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| **First & Middle Names:** | **Last Name:** |
| **Title** | **Mobile:** |
| **Placement: (Ward/Team/Site):** | |
| **Emails:(Course & Placement)** | |
| **Course name:**  **Supervisor name:** | |
| **Level (please circle):**  **Degree/Cert./Diploma/Masters/Doctorate/Other** | |
| **University/Course Provider: o U Beds o OBU**  **o Other – please name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Start Date**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **End Date:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**LIBRARY USE ONLY**

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| **Barcode U\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Registered**  **\_\_\_/\_\_\_/\_\_\_\_\_** | **Expiry date**  **\_\_\_/\_\_\_/\_\_\_\_\_\_** | **ID shown**  **Yes/ No** |  | **On KShare**  **\_\_/\_\_/\_** |
| **Information pack given** **** | **Informed previous library ** | Athens Advice **** | **Entered by.......** | **Checked by......** | **Home Library Code.........** |



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| **Would you like targeted updates on your professional interests?** List your interests below & sign up to receive KnowledgeShare Evidence Updates by email: | |
| **Condition/Risk Factors** (e.g. diabetes) |  |
| **Professional Interests** (e.g. patient safety, service design) |  |
| **Age Groups** (please tick) | * **Neonates** * **Children & Adolescents** * **Adults** * **Elderly** |
| **Settings** (e.g. GP Surgery, hospital ward, population health |  |
| We will also contact you occasionally by email to send you information about library services.  You may change these settings at [www.knowledgeshare.nhs.uk](http://www.knowledgeshare.nhs.uk) (using your NHS OpenAthens account). \*Membership to KnowledgeShare is restricted to staff and students eligible for an NHS OpenAthens account. | |
| **PLEASE SIGN OVERLEAF** | |

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| Privacy Notice and Membership Declaration  **Using your personal information**  We are committed to safeguarding your information. The information you supply will be used to contact you about services or resources you have requested from the Library and Knowledge Service (LKS).  **Sharing your personal information**  We will share your information with the organisations that supply and manage our library management systems. We may share your information with another LKS team if you move organisations (*you will receive an email notification*).  **Accessing your personal information**  You may request access to the information we hold about you and request changes by emailing [library.enquiries@oxfordhealth.nhs.uk](mailto:library.enquiries@oxfordhealth.nhs.uk)  **Deleting your personal information**  We will delete the data we hold on you after a maximum 5-year period of inactivity (in case you return to use NHS library and knowledge services again within this time).  **Further information**  For further information on how your information is used, how we maintain its security, and your rights to access it, read the full KnowledgeShare privacy policy at [www.knowledgeshare.nhs.uk/index.php?PageID=help\_privacy](https://www.knowledgeshare.nhs.uk/index.php?PageID=help_privacy) and the Library Service privacy policy at <https://www.oxfordhealth.nhs.uk/library/about-us/access/join-the-library/>. See also OHFT Staff Privacy and Personal Data notices: [Employee / Worker Privacy Notice - Oxford Health NHS Foundation Trust](https://www.oxfordhealth.nhs.uk/privacy/worker/) / [OH-242.20-Your-rights-and-your-records.pdf (oxfordhealth.nhs.uk)](https://www.oxfordhealth.nhs.uk/wp-content/uploads/2020/03/OH-242.20-Your-rights-and-your-records.pdf). Membership Rules, User’s Charter, Charter for Placement Students and Service Standards are available on the library website or contact [library.enquiries@oxfordhealth.nhs.uk](mailto:library.enquiries@oxfordhealth.nhs.uk)  **Your declaration**  I apply for membership of the Library and Knowledge Service and agree to abide by the LKS terms and conditions. I agree to my data being held as described above.  Signed: Date:  **Please return forms to: Warneford Library, Warneford Hospital, Oxford OX3 7JX; email:** [**library.enquiries@oxfordhealth.nhs.uk**](mailto:library.enquiries@oxfordhealth.nhs.uk)**; OR Whiteleaf Library, Whiteleaf Centre, Aylesbury HP20 1EG. Email:** [**whiteleaf.library@oxfordhealth.nhs.uk**](mailto:whiteleaf.library@oxfordhealth.nhs.uk) |

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