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**Membership Application**

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| **First & Middle Names:** | **Last Name:** |
| **Title:** | **Job / Role:** |
| **Email:** | **Service/Team:** |
| **Site / Location:** |
| **Phone/Mobile:** | **Trust / Employer:** |
| **Leaving Date (if short term contract):** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Course name:** | **Degree/Cert./Masters/Doctorate/Other** |
| **University/Course Provider:** | **End Course Date:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**LIBRARY USE ONLY**

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| **Barcode U\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Registered**  **\_\_\_/\_\_\_/\_\_\_\_\_** | **Expiry date**  **\_\_\_/\_\_\_/\_\_\_\_\_\_** | **ID shown**  **Yes/ No** | **Access (Lit) ** | **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 |  |
| Our systems help to share knowledge across the NHS by connecting staff with one another. We would like to share your information with other NHS staff and students for this purpose. If you agree please tick the appropriate boxes:  **Share with other colleagues in the NHS 🞏**  **Share with other colleagues in my organisation 🞏**  We would also like to contact you occasionally by email. Please tick if you are happy for us to:  **Send you information about Library services and new publications in health and social care 🞏**  **Contact you if you are invited to join a community of practice 🞏**  **Recommend colleagues to you who share your professional interests 🞏**  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 if this happens).  **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) or the Library Service privacy policy at <https://www.oxfordhealth.nhs.uk/library/about-us/access/join-the-library/>. Membership Rules, User’s Charter 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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