Membership Form

Welcome to your library.
We require the following information in order to deliver a library service to you.

Title:..... Family Name: .....

First Name(s): .....

Address: .....

.....

.....Postcode: .....

Telephone Number: .....

Date of Birth:..... (dd/mm/yyyy)

If you would like to receive reserved item notifications and reminders by email please enter your email address here.

Email address: .....

We offer concessions,
please tick if you consider yourself to be:

Visually impaired ❑ Disabled ❑

For children under 16 years of age

Parent/Carer Name: .....

Parent/Carer signature: .....

Do you agree to your child using the internet service?

Yes ❑ No ❑

If your parent/carer is not with you to sign this form you will still be able to join the Library. You will be able to borrow 2 items this time. We will send your Library card and a letter home to your parent/carer to agree to your Library membership.

Monitoring form

We want to make sure that our services are provided fairly and to those who need them.

You do not have to provide this information but it will help us get a picture of who contacts us, uses or does not access our services and therefore will help us improve what we provide and reduce potential barriers to access.

Please answer the questions below by ticking the boxes that you feel most describes you.

If you do not want to answer any specific question then please leave it blank.

Gender

☐ Female ☐ Male ☐ Other

Ethnicity

White

☐ English/Welsh/Scottish/British/Northern Irish
☐ Irish
☐ Gypsy/Irish Traveller
☐ Roma
☐ Other White background

Asian or Asian British

☐ Indian ☐ Pakistani ☐ Bangladeshi
☐ Chinese ☐ Other Asian background

Black or Black British

☐ Caribbean ☐ Somali ☐ Other African
☐ Other Black background

Other ethnic group

☐ Yemeni ☐ Other ethnic group

Mixed/multiple heritage

☐ White and Black Caribbean ☐ White and Black African
☐ White and Asian ☐ Other mixed background