

# LIBRARY MEMBERSHIP FORM – STAFF

**PLEASE USE BLOCK CAPITALS**

**LAST NAME**

**FIRST NAME**

**DUBLIN/HOME ADDRESS**

**PHONE NUMBER**

**MOBILE NUMBER**

**EMAIL**

**WARD/TEAM**

**EXT./BLEEP**

**CONTRACT STATUS**

Permanent

Temporary

If temporary please state when contract ends: \_\_\_\_\_

**BORROWER STATUS**

Nursing

Allied Health

Medical

Other

**COURSE OF STUDY**  
(if applicable)

**PLACE OF STUDY**  
(if applicable)

*I undertake to adhere to library regulations and to notify the librarian of any change of address*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_