

HIGHLAND HEALTH SCIENCES LIBRARY

MEMBERSHIP REGISTRATION FORM

Surname:	
Forename:	
Title:	
Work / Placement Address:	
Tel.:	
Permanent Home Address:	
Tel.:	
Term Address (university students):	
Tel.:	

E-mail address:	
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NHS / HC Social Work Staff ONLY

Job title:	
Employer:	
Contract – if temporary give finishing date:	

Students ONLY

Course (and current year of study):	
University:	
Date placement ends:	

Declaration

I hereby acknowledge receipt of the HHSL Library Regulations and Computer Use Regulations and agree to abide by them

Signature:

Date:

Membership number

COMPUTER ACCOUNT REGISTRATION FORM

Unique photographic identification must be produced e.g. passport, driving licence, student card, home institution card / payslip etc.

University of Stirling staff and students should not use this form, as accounts are issued automatically.

Date of birth:	
Account required until:	
Date of registration:	
Unique photo ID number:	
driving licence <input type="checkbox"/> passport <input type="checkbox"/> student card <input type="checkbox"/> home institution staff no. <input type="checkbox"/>	
Other:	