APPLICATION FORM TO JOIN TAMESIDE LIBRARIES

We collect the following information in order to help us ensure we are providing the right services and materials for our customers. We use the information to set up and manage your library account and send you information relating to your account or our services. Full details of how we use the information we hold about you are at: www.tameside.gov.uk/privacynotice/operations

Please complete in capital letters

Title Mr/Mrs/Miss/Other	Town		
First Name	County		
Surname/last name	Postcode		
House No./Name	Phone		
Street Name	Mobile		
Area	Date of Birth		
E-Mail			
Gender: Female Alle Other Prefer not to say			
If you are 60 or over please tick 🖵			
Please specify if something may make it more difficult to access our services: Hearing impairment Learning impairment Multi disabled Physical impairment Visual impairment			
Which ethnic group do you consider yourself to belong to? Please tick one box only White: British Irish Gypsy or Irish Traveller Other Arab Arab Asian/Asian British: Chinese Bangladeshi Indian Pakistani Other Black/Black British: African Caribbean Other Mixed/Multiple: White & Asian White & Black African White & Black Caribbean Other Other I Other Ethnic Group I I do not want to declare my ethnic origin I			
As parent or guardian, I agre	must be signed below by a parent or guardian: ee to act as guarantor for the applicant. I will pay for the cost of any e on loan to them and ensure they return the items by the due date.		
	e permission for them to use the internet. I understand that the ernet is unregulated and the library service is not responsible for		

material accessed which I may consider unsuitable. Please note that children under 9 <u>must</u> be accompanied by an adult.

Signed I	Print Name	Relationship
----------	------------	--------------

For official use only

I DO NOT



