

LIBRARY & RESOURCES REGISTRATION FORM

surname: _____

first name: _____ title: Mr/Mrs/Miss/Ms/Dr _____

work address: _____

postcode: _____ tel: _____

email: _____ fax: _____

(Please see term 11) Password

home address: _____

postcode: _____ tel: _____

occupation: _____ (please complete overleaf)

manager's name: _____

address: _____

postcode: _____ tel: _____

email: _____

if student (please provide the following)

course: _____

tutor: _____

education address: _____

postcode: _____ tel: _____

TERMS AND CONDITIONS

- 1 Every effort will be made to supply the item/equipment for the date(s) required. However, the Health Promotion Resources Centre cannot be held responsible for delays with delivery or the failure by previous clients to return resources promptly.
- 2 It is essential that all items are returned on/or before the specified return date. Failure to do so may inconvenience other borrowers. In addition, failure to do so on three separate occasions will mean an automatic ban from any further use of this service.
- 3 Clients must telephone the Health Promotion Resources Centre to enquire about extending a booking **before the return date**. If another client has not already reserved the resource the booking can be extended and confirmation provided if required.
- 4 Items borrowed **must not** be passed to a third party.
- 5 All items **must be** returned in their original packaging.
- 6 Any loss or damage **must be** reported immediately. Do not attempt any repair.
- 7 Any loss or damage is the responsibility of the borrower and reimbursement may be sought via your line manager.
- 8 Abuse of the service may result in your line manager being notified and appropriate action agreed.
- 9 The Health Promotion Resources Centre reserves the right to refuse the use of the Service including the loan of resources to anyone who does not comply with the 'Terms and Conditions'.
- 10 Clients will automatically be invoiced for replacement costs should they fail to return any items borrowed one month beyond the specified return date.
- 11 Both work and home contact details must be supplied if you wish to borrow items.
- 12 Clients must keep the Resources Centre updated of any change of details

Signature: _____

Date: _____

All Clients are required to register to use the Resources Centre and in doing so agree to the above terms and conditions.

Please ensure that you select from both Client Status 1 and 2

Client Status 1: Occupation

- | | |
|---|---|
| <input type="checkbox"/> Alcohol Worker | <input type="checkbox"/> Police |
| <input type="checkbox"/> Clinical Nurse | <input type="checkbox"/> Primary School |
| <input type="checkbox"/> College | <input type="checkbox"/> Private School |
| <input type="checkbox"/> Dental Surgery | <input type="checkbox"/> Project Worker |
| <input type="checkbox"/> District Nurse | <input type="checkbox"/> School Nurse |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Secondary School |
| <input type="checkbox"/> General Practice | <input type="checkbox"/> Smoking Cessation |
| <input type="checkbox"/> Health Improvement | <input type="checkbox"/> Social Services/Worker |
| <input type="checkbox"/> Health Visitor | <input type="checkbox"/> Special School |
| <input type="checkbox"/> Local council | <input type="checkbox"/> Student |
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Student Nurse |
| <input type="checkbox"/> Midwife | <input type="checkbox"/> Substance Misuse Worker |
| <input type="checkbox"/> Miscellaneous | <input type="checkbox"/> Sure Start/Children's Services |
| <input type="checkbox"/> NHS: Other | <input type="checkbox"/> Therapist |
| <input type="checkbox"/> Nursery Nurse | <input type="checkbox"/> Voluntary Organisation |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Youth Worker |
| <input type="checkbox"/> Play Group/Nursery | |

Job title: _____

Client Status 2: Work Area

- East Sussex Downs and Weald Primary Care Trust
- Hastings & Rother