

Discovery Library, Derriford Hospital – Student Membership Form
Please show your student/NHS ID before borrowing.
PLEASE COMPLETE IN BLOCK CAPITALS

Title(Mr.Ms.Dr.etc.)		
Surname		
Forename		
Name of University / College		
Student ID no./Service no. (if applicable)		
Course name / no.		
Course tutor		
Course expiry date	Day / Month (dd / mm)	Year (yyyy)
Address	Term-time	Vacation / home – permanent address
Telephone no.		Mobile
Email address	University: <input type="text"/>	
	Personal: <input type="text"/>	
Home address and telephone no. if different from above		
PLACEMENT DETAILS Department and hospital you will be working in		
Name of person you report to		
Date placement ends		

I agree to comply with library regulations and accept responsibility for any items borrowed from the library. I have read the privacy policy and agree to this data being held in accordance with the General Data Protection Regulation (2018) for use in the library management system shared by NHS libraries in the South West, Thames Valley and Wessex.*

Signature:..... **Date:**.....

* Full details are available at <http://discoverylibrary.org/guides-and-forms/>

Library Use Only

User category:

NHS user type:

Borrower Number	U								
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ID shown	
Basic	Full