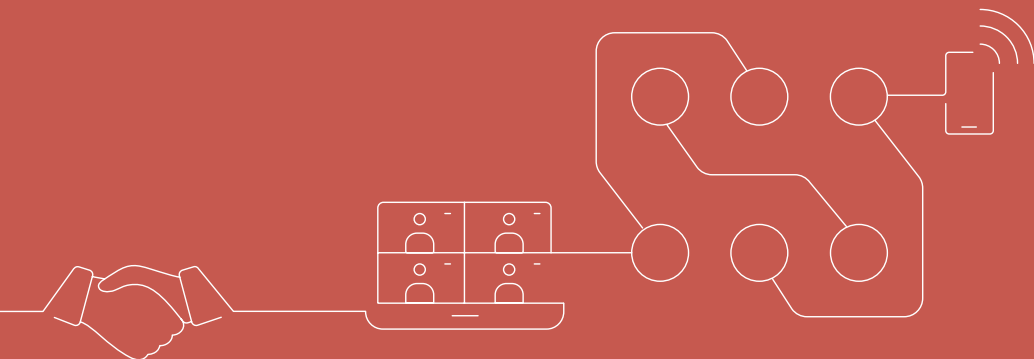




ST HELENS LIBRARY SERVICE

MEMBERSHIP APPLICATION FORM



 **STHLibraries**
 **@sthlibrariesandarts**



I wish to apply for membership of St Helens Library Service

Surname: Mr/Mrs/Miss/Ms

First name:

Date of Birth:

Address:

.....

..... Postcode:

Email:

Telephone: Mobile:

Gender

☐ Female ☐ Male ☐ Prefer to self-describe ☐ Prefer not to say

.....

We use your contact details to manage your account and to bring you news of council services. Please indicate how you prefer to be contacted.

☐ Email ☐ Telephone ☐ Mobile

☐ I agree to be contacted about events and activities taking place in libraries

The parent/carer of children and young people must complete the sections below:

☐ I agree to my child joining the library (under 16 only)

☐ I agree to my child using Internet Services (under 16 only)

Your name: Mr/Mrs/Miss/Ms

Address (if different):

.....

Postcode: Telephone:

By completing the following sections, you will help us to make sure our services meet your needs.

Do you consider yourself to have a disability? ☐ Yes ☐ No

☐ Physical Disability ☐ Hearing Impairment

☐ Wheelchair User ☐ Mental Health

☐ Limited Mobility ☐ Visual Impairment

☐ Limiting Long-term Illness ☐ Learning Difficulty

Other:

Which of these Ethnic Groups best describes you?

Asian, Asian British or Asian Welsh

☐ Bangladeshi ☐ Pakistani

☐ Chinese ☐ Any other Asian background

☐ Indian

.....

Black, Black British, Black Welsh, Caribbean or African

☐ African ☐ Any other Black background

☐ Caribbean

.....

Mixed or Multiple Ethnic Groups

☐ White and Asian ☐ Any other mixed or multiple ethnic background

☐ White and Black African

☐ Indian

☐ White and Black Caribbean

.....

White

☐ English, Welsh, Scottish, Northern Irish or British ☐ Roma

☐ Irish ☐ Any other White background

☐ Gypsy or Irish Traveller

.....

Other Ethnic Group

☐ Arab ☐ Any other ethnic group

.....

☐ Prefer not to say

☐ I agree to the Library Service Terms and Conditions, including the council's Internet Policy

Signature: **Date:**

Office Use

Surname: First name: Membership No:

Office Use

List Proof of ID seen: Staff Initials:

Library Membership Account Data Protection

The information provided on this form will help us to provide the services you have requested and will be processed in line with the General Data Protection Regulation (GDPR) Act. St Helens Library Service will not share your information for marketing purposes. To see our privacy policy visit sthelens.gov.uk/libraries

If you would like to become a member of St Helens Library Service, please take this application form to your nearest library along with one piece of identification, showing name and address.

Libraries@sthelens.gov.uk

01744 677293



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BOROUGH COUNCIL

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Please contact us to request translation of Council information into Braille, audio tape or a foreign language.