

Primary Care LIBRARY MEMBERSHIP

PLEASE USE CAPITAL LETTERS

SURNAME: FIRST NAME:

PREFERRED FIRST NAME: MOBILE:

NAME OF PRACTICE:

WORK PHONE: POSITION: ☐ GP ☐ NURSE ☐ OTHER

WORK EMAIL:

WORK ADDRESS:

.....

PERSONAL EMAIL:

**PLEASE READ AND SIGN THE TERMS AND CONDITIONS OVERLEAF
RELATING TO YOUR ACCESS AND USE OF THE
NORTHLAND DISTRICT HEALTH BOARD STAFF LIBRARY**

Office Use:

Renewal Date:



TERMS & CONDITIONS

- ♦ Access will be during normal staffed hours Monday to Friday 8:00am to 4:30pm
- ♦ Books can be borrowed for 3 weeks with a maximum of three renewals with the following provisos/exceptions:
 - * High demand/course material
 - * Others waiting for item(s)
 - * Limited to print books held by NDHB Staff Library
- ♦ Prompt payment of any fees or penalties is required in the event of for example lost or damaged items, courier fees, photocopy charges
- ♦ No access to electronic information/data incl. journal articles due to licensing restrictions

I HEREBY AGREE TO ABIDE BY THE RULES AND PROCEDURES OF THE NORTHLAND DHB STAFF LIBRARY INCL. BUT NOT LIMITED TO PAYING ANY FEES OR PENALTIES FOR SERVICES RENDERED OR COSTS INCURRED BY THE LIBRARY ON MY BEHALF

SIGN:

DATE:

HAERE MAI / WELCOME