

## Teachers Library Card Membership Form

Please provide proof of name and where you work. Please ask if you need help with the form.

Surname : \_\_\_\_\_ First names: \_\_\_\_\_

Mr/Mrs/Miss/Ms/Other: \_\_\_\_\_

School Name \_\_\_\_\_

School Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

For those aged 18 or over, it will help us plan services if you include your date of birth.

Date of birth \_\_\_\_\_

Male (please tick):  Female (please tick):

**Please tick the following as appropriate:**

(a) I wish to use Dorset Library Service and agree to the regulations.

**In order for Library authorities to comply with our legal obligation to manage your data, we need your signature to demonstrate that you have given consent.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

We are able to send reminders to those aged 16 years or over or to parents/carers, by email, shortly before items are due for return, when requested items are ready for collection and when items are overdue. This service is provided free of charge. I would like to receive these reminders.

Please tick:  Email address: \_\_\_\_\_

I would like to receive information about Dorset Library Service offer to schools, e.g. Class visits programme, Summer Reading Challenge and new services and events. We will not give your details to any third party. Please tick:

Email address: \_\_\_\_\_

It will help Dorset County Council to meet the needs of the whole community if you give your or your child's ethnic background, religious beliefs or any disability. The information will be used for monitoring purposes only on an anonymous basis. You are under no obligation to provide details.

**Please tick as appropriate:**

**White**

British   
Irish   
Any other White background

**Black or Black British**

Caribbean   
African   
Any other Black background

**Asian or British Asian**

Indian   
Pakistani   
Bangladeshi   
Any other Asian background

**Mixed**

White and Black Caribbean   
White and Black African   
White and Asian   
Any other mixed background

**Chinese**

**Any other ethnic group**

**Religion:**

No Religion  Buddhist  Christian  Hindu  Jewish   
Muslim  Sikh  Other faith/religion/belief

**Do you consider you have a disability under the Disability Discrimination Act?**

The Equalities Act 2010 defines a disability as 'a physical or mental impairment' that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities. In this definition, long-term is taken to mean a minimum of 12 months. Please tick as appropriate: Yes  No

Your data will automatically be deleted if you request us to do so or our account has been unused for 2 years.

LibrariesWest is a partnership between the library services of Bath & North East Somerset, Bristol, Dorset, North Somerset, Bournemouth Christchurch & Poole, Bristol, Dorset, North Somerset, Somerset and South Gloucestershire councils. The partnership collects and stores data in a shared database to enable you to use libraries across LibrariesWest. Personal data provided to any one authority when registering to use the library service will be shared between all of the authorities in LibrariesWest and held on a shared database.

If you wish to view or change your details at any time, please go online to [www.librarieswest.org.uk](http://www.librarieswest.org.uk) or ask a member of staff.

The full privacy notice is available in the library and [www.dorsetcouncil.gov.uk/library-privacy-notice](http://www.dorsetcouncil.gov.uk/library-privacy-notice)

Should you have any queries about the way we process your data please contact the council's Data Protection Officer on 01305 225175.