

Your Library Membership Form

**FREE
TO JOIN**

Leicestershire County Council is committed to ensuring that our services, policies and practices are free from discrimination and prejudice and that they meet the needs of all sections of the community.

To enable us to check that what we are providing is fair and effective, we would be grateful if you would answer the questions below. You are under no obligation to provide the information requested, but it would help us greatly if you did.

Are you:

- Male Female

Do you consider yourself to be a disabled person?

- Yes No

If yes, please tick the type of impairment/s which apply to you:

- A visual impairment
 A hearing impairment
 A physical impairment
 A learning disability
 Mental health condition
 A long-term illness

What is your religion? (Please tick one)

- None
 Christian (all denominations)
 Buddhist
 Hindu
 Jewish
 Muslim
 Sikh
 Any other religion

Are you:

- A senior citizen (60 or over)
 A full-time student
 Unwaged

How would you describe your ethnicity? (Please tick one)

- White English
 White Irish
 White other British
 Any other white background
 White and Black Caribbean
 White and Black African
 White and Asian
 Other mixed background
 Indian
 Bangladeshi
 Pakistani
 Other Asian background
 Black Caribbean
 Black African
 Other Black background
 Chinese
 Arab
 Gypsy/Romany/Irish Traveller
 Other (Please state)

What is your sexual orientation?

- Bi-sexual Lesbian
 Gay Other (Please state)
 Heterosexual

Many people face discrimination because of their sexual orientation and for this reason we have decided to ask this monitoring question. You do not have to answer it but we would be grateful if you could tick the box next to the category which describes your sexual orientation.

About you

Why have you joined the library?

You may tick more than one box

- To borrow books
 To borrow CDs
 To borrow DVDs
 To use the computer
 To do homework
 Improve basic skills
 To use the health and wellbeing services
 Other

How did you find out about the library?

- Through friends and family
 Moved to the area recently
 Through school/school visits
 Internet
 Library signs
 Health visitor/bookstart/Children's Centres
 University/college referral
 Phone book/yellow pages
 Already knew about it
 Other
 Contact with library outreach

Please fill in your details

Title

First name

Surname

Date of birth

Address

Postcode

Telephone

Mobile

Email

(Only provide this if you are happy to receive emails)

A PIN (Personal Identification Number) will be posted to you. This will enable you to access library services via the internet, renew books on the 24/7 phonenumber and use the library computers.

If you are under 16 years old...

Your parent/carer (over 18) must fill in this section.

As the parent/carer of the person named above I accept liability for all items borrowed by them, and for their behaviour in the library.

Name and contact details of parent/carer

Title First name

Surname

Address
(if different from above)

Postcode

Telephone

Mobile

Email
(Only provide this if you are happy to receive emails)

Signature

Please sign below also

- I agree to abide by the Rules and Byelaws of Leicestershire Library Services, available at www.leics.gov.uk/librarybylaws
- I agree to notify the library of a change of address immediately
- I agree to accept liability for all items borrowed on this ticket
- I agree to notify the library immediately if the ticket is lost or stolen
(you will be held responsible for all items borrowed on that ticket up to notification)

Tick the box(es) below if you wish to receive publicity material or author event lists by:

- Post
- Email
- Text messaging

Tick this box if you do not wish to receive publicity material or author event lists.

Privacy Statement. Information supplied on this form will be held on computer and will be used in accordance with the Data Protection Act 1998 for statistical analysis, planning and the provision of services by the County Council and its partners. The information will be held in accordance with the Council's records management and retention policy.

Signature

Date

Continued overleaf

Library Card Number

For office use only
Form of identification