

I wish to apply for membership of St.Helens Libraries

Surname: _____ Mr/Mrs/Miss/Ms

First name: _____ Date of Birth: _____

Address: _____

Postcode: _____

Email: _____

Telephone: _____ Mobile: _____

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

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

I agree to my child joining the library and will pay for lost/damaged items (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: _____

Signature: _____ **Date:** _____

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	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>
Wheelchair User	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>
Limited Mobility	<input type="checkbox"/>	Visual Impairment	<input type="checkbox"/>
Limiting Long-term Illness	<input type="checkbox"/>	Learning Difficulty	<input type="checkbox"/>

Other: _____

Which of these Ethnic Groups best describes you?

White British	<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Asian Pakistani	<input type="checkbox"/>
Mixed White & Caribbean	<input type="checkbox"/>	Asian Bangladeshi	<input type="checkbox"/>
Mixed White & Black	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Mixed White & Asian	<input type="checkbox"/>	Gypsy/Roma	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Irish Traveller	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Not stated	<input type="checkbox"/>

Other: _____

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

I agree to the procedures of St.Helens Council, 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 and find out more,
take this form along to your nearest library and join today.**

Libraries@sthelens.gov.uk

01744 677293



St. Helens Council

Contact Centre

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St. Helens
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Tel: 01744 676789

Minicom: 01744 671671

→ www.sthelens.gov.uk/contactus

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