

# JET Library Membership Application



Dr/Mr/Mrs/Miss/Ms

Last Name:

First Names:

LIBRARY USE ONLY

BARCODE  
.....

Organisation:

Dept:

Job title:

Leaving date / End of course:

Home address:

Email:

Tel:

**By signing this form I agree to observe the rules and regulations of the JET Library as outlined on the Library notice board. I hereby give permission for my details to be added to the Library Management System, which is administered by the University of Chester. Personal information will not be shared with third parties, and will be used for the sole purpose of Library business.**

Signed:

Date:

## KnowledgeShare Application

We offer a personalised current awareness service called **KnowledgeShare** which is restricted to staff and students with an **NHS OpenAthens** account.

Why not trial the service, details can be amended or information updates stopped on request. To sign up, please list your professional interests below:

<b>Professional Interests</b> (e.g. education or research)		<b>Condition/Risk Factors</b> (e.g. gestational diabetes)	
<b>Age Groups</b> (please select)	Neonates Children & Adolescents Adults Elderly	<b>Settings</b> (e.g. GP Surgery or hospital ward)	
<b>Other</b>			

May we make your contact details and interests visible to all members of KnowledgeShare in order to promote knowledge sharing?

Or would you prefer this information only be visible to:

other members in your organisation  only library staff

**I understand and agree to my data being held in accordance with the Data Protection Act (1998) on KnowledgeShare.**

Signed:

Date: