

JET Library Membership Application

LIBRARY USE ONLY: BARCODE

Title	First Name	Surname
Dr Mr Mrs Miss Ms		

Home Address & Postcode

Email Address	Contact Number

Contract or Course End Date

Employer/Organisation (Please tick)
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Mid Cheshire Cheshire / Wirral Partnership Central Cheshire ICP

Other (please specify).....

Main Location <small>(e.g. Leighton, VIN, Eaglebridge)</small>	Department	Job Title

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

We have a free service called KnowledgeShare designed to help you keep up-to-date with new developments in your field.

All you need to do is sign up for an NHS Athens account at <https://openathens.nice.org.uk> and use the form overleaf to let us know what you're interested in.

Diseases and Illnesses

What diseases and illnesses would you like to keep up-to-date with? This could be a disease e.g. diabetes or a clinical area e.g. urology

Professional Interests

Tick or highlight which topics interest you from the following list:

- | | |
|---|---------------------------------------|
| <i>Doing your own research</i> | <i>Equality and Diversity</i> |
| <i>Helping people with re-validation</i> | <i>Occupational Health</i> |
| <i>Mentorship</i> | <i>Project Management</i> |
| <i>Teaching medical or nursing students</i> | <i>Patient Experience</i> |
| <i>Simulation</i> | <i>Patient Information</i> |
| <i>Finance</i> | <i>Public and Patient Involvement</i> |
| <i>Procurement</i> | <i>Patient Safety</i> |
| <i>Estates</i> | <i>Risk Management</i> |
| <i>Records Management</i> | <i>Safeguarding</i> |
| <i>Information Governance</i> | <i>Commissioning</i> |
| <i>IT</i> | <i>Care Pathways</i> |
| <i>Management (General)</i> | <i>Discharge Planning</i> |
| <i>Change Management</i> | <i>Integrated Care</i> |
| <i>Leadership</i> | <i>Multidisciplinary Working</i> |
| <i>People Management</i> | <i>Patient-Centred Care</i> |

Location of Care

Are you interested in the care being provided in a particular location? E.g. A&E, Outpatients, GP’s surgeries, in the community?

Patient Group

Is there a particular patient group relevant to your field?

New-born children	Children and Teenagers
Adults	Older People

I am happy to share my contact details and interests with (please choose one):

- Everyone else on KnowledgeShare
- Only people working for MCHFT
- Only library staff maintaining Knowledge Share

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

Signed:	Date:
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