

# Library Membership Form



Haringey Council

*Haringey Council requires the following information for the purpose of managing your library account. We undertake not to process your information in any manner incompatible with this purpose, nor to disclose this information to any third party without your consent, unless obliged by law to do so.*

## PLEASE PRINT IN BLOCK CAPITALS

**PART A** I hereby apply for membership of Haringey Libraries and agree to abide by the rules in force.

SURNAME (family name) \_\_\_\_\_ Mr/Mrs/Miss/Ms \_\_\_\_\_

FORENAMES (first names) \_\_\_\_\_

ADDRESS \_\_\_\_\_

POST CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ UNDER 16  ADULT  OVER 60

### NOTIFICATIONS

Please indicate how you would like to be notified of Reservations and Overdue items (Please tick one of the boxes)

- Voicemail (telephone number required) \_\_\_\_\_ (V)
- Text to my mobile phone number \_\_\_\_\_ (T)
- Email (email address required) \_\_\_\_\_ (X)

SIGNATURE \_\_\_\_\_

**If you are filling in this form on behalf of someone else please continue here**

### PART B

I confirm that the applicant overleaf is known to me and that the particulars given are correct to the best of my knowledge. I accept all responsibilities for lost and damaged items

SURNAME (family name) \_\_\_\_\_ Mr/Mrs/Miss/Ms \_\_\_\_\_

FORENAMES (first names) \_\_\_\_\_

ADDRESS \_\_\_\_\_

POST CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

YOUR RELATIONSHIP TO THE APPLICANT \_\_\_\_\_

SIGNATURE \_\_\_\_\_

# How to get a membership card

	<i>Fill in ...</i>	<i>Show us ...</i>
Adults (16+)	<ul style="list-style-type: none"> <li>Part A</li> </ul>	<ul style="list-style-type: none"> <li>two pieces of ID, one with name and address and one with name and signature</li> </ul>
Children (under 16)	<ul style="list-style-type: none"> <li>Part A for the child</li> <li>Part B for the parent or guardian</li> </ul>	<ul style="list-style-type: none"> <li>two pieces of ID for the parent or guardian, one with name and address and one with name and signature.</li> </ul>

## Identification (ID)

You will need to show proof of one ID to show name and address and the other to show name and signature.

Refugees and asylum seekers: the letter from the Home Office with your name and address on it is sufficient.

Examples of what we will accept:

- medical card
- letter from doctor
- passport or ID card
- driving licence
- electricity bill
- gas bill
- water bill
- letter from utility company
- bank statement
- letter from your bank
- letter from mortgage lender
- tenancy agreement
- letter from hospital
- mortgage contract
- letter from Job Centre Plus
- other official letters

## All ID must be valid and dated within three months

*Haringey Council intends to fulfil all its obligations under the Data Protection Act 1998 (the Act).*

*The Council will ensure that all processing of data falling within the scope of the Act is appropriately notified to the Information Commissioner. Individuals whose information is held and processed by Haringey Council can be assured the information will be maintained in confidence and treated with all due care.*

*Haringey Council tries to keep information held about you accurate and up-to-date. However, if you find any inaccuracies you have the right to have them corrected.*

*If you have any concerns about the processing of information by Haringey Council you may contact the Data Protection Officer, Alexandra House, 4th Floor, 10 Station Road, Wood Green, London, N22 7TR or the Information Commissioner, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF.*

# Library Equal Opportunities Monitoring

As a public authority, Haringey Council is required by law to carry out equal opportunities monitoring of everything we do to make sure that all sections of the community have access to the Council whether in terms of jobs or services.

This section is optional and you do not have to complete it if you do not wish to.

The information you provide here will help us to check that we are fulfilling this duty. It will also help us to improve the quality of services to all of our service users.

We will be grateful if you could take a little time to complete and return this form. Please go through it and tick all the categories that most accurately describe you.

## 1. AGE

What is your age group?

0-4	<input type="checkbox"/>	15	<input type="checkbox"/>	25-29	<input type="checkbox"/>	65-74	<input type="checkbox"/>
5-7	<input type="checkbox"/>	16-17	<input type="checkbox"/>	30-44	<input type="checkbox"/>	75-84	<input type="checkbox"/>
8-9	<input type="checkbox"/>	18-19	<input type="checkbox"/>	45-59	<input type="checkbox"/>	85-89	<input type="checkbox"/>
10-14	<input type="checkbox"/>	20-24	<input type="checkbox"/>	60-64	<input type="checkbox"/>	90 and over	<input type="checkbox"/>

## 2. DISABILITY

Under the Disability Discrimination Act a person is considered to have a disability if she/he has a physical or mental impairment which has a substantial and long-term adverse effect on her/his ability to carry out normal day-to-day activities. Since 2005, people with HIV, cancer and multiple sclerosis (MS) are covered by DDA.

Do you have a disability or do consider yourself to be a disabled person?      Yes       No

## 3. ETHNICITY

What is your ethnic group? (Please tick from the appropriate section)

<input type="checkbox"/> WHITE	<input type="checkbox"/> ASIAN OR ASIAN BRITISH
<input type="checkbox"/> British	<input type="checkbox"/> Indian
<input type="checkbox"/> Irish	<input type="checkbox"/> Pakistani
<input type="checkbox"/> Gypsy	<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Irish Traveller	<input type="checkbox"/> East African Asian
<input type="checkbox"/> Greek Cypriot	<input type="checkbox"/> Any other Asian background, please specify
<input type="checkbox"/> Turkish Cypriot	
<input type="checkbox"/> Greek	<input type="checkbox"/> MIXED
<input type="checkbox"/> Kurdish	<input type="checkbox"/> Mixed white and black Caribbean
<input type="checkbox"/> Turkish	<input type="checkbox"/> Mixed white and black African
<input type="checkbox"/> Any other white, please specify	<input type="checkbox"/> Mixed white and Asian
	<input type="checkbox"/> Any other mixed background, please specify
<input type="checkbox"/> BLACK OR BLACK BRITISH	
<input type="checkbox"/> Caribbean	<input type="checkbox"/> CHINESE OR OTHER ETHNIC GROUP
<input type="checkbox"/> African	<input type="checkbox"/> Chinese
<input type="checkbox"/> Any other black background, please specify	<input type="checkbox"/> Any other ethnic group, please specify

#### 4. GENDER IDENTITY

Please tick the box that best describes you:

Male

Female

Does your gender differ from your birth sex?

Yes

No

#### 5. RELIGION

Do you have a religion or belief that you would like to mention? (If so please tick the appropriate box)

No Religion

  
  
  
  

Jewish

  
  
  

Christian

Muslim

Buddhist

Sikh

Hindu

Rastafarian

Other

If other please write in: \_\_\_\_\_

#### 6. SEXUAL ORIENTATION

How would you describe your sexual orientation?

Heterosexual

Bisexual

Gay

Lesbian

**Thank you for completing and returning this form.**