



Dr R. M. Mounsey Regional Library

Northeast Health Wangaratta's Health Sciences Library

Registration Form

Please complete the form and return to the Librarian **before** borrowing any books from the Library collection

Name:

Type of Borrower:
(eg: staff/student/intern/regional health worker, etc.)

Organisation/Department:

Home Address:

Contact Details:

Phone (H):(W)

Mobile/Pager: Email:

I agree to abide by the rules of the Library and accept the following conditions:

- Borrower is responsible for the return of any items borrowed by the due date
- Items lost, damaged or not returned will incur a replacement cost
- Borrower will not lend items to other persons or organizations
- Electronic access passwords will not be shared or distributed to others
- A valid email address must be supplied to enable Library registration.

Signed: Date:

Article Requests Agreement

All copies requested by me under this Agreement are required for the purpose of **research or study**, and will not be used for any other purpose, and have not previously been supplied to me by the RM Mounsey Regional Library. I agree that any electronic requests for copying, from me to the RM Mounsey Regional Library, bearing my personal identification number, are deemed to be personally signed by me for the purposes of the declaration required pursuant to sub section 49(1) of the Copyright Act 1968.

I also understand and accept that I cannot use the Journal Article Request form without entering my person identification number, and agree to affix this number to all electronic mail requests, and to safeguard and keep my personal identification number confidential. I also acknowledge that I may be held personally liable for any breach of the Copyright Act in respect to false and misleading declarations under sub-section 49(1)(b) for any electronic requests which bear my personal identification number.

Signed: Date:

Library Use only

Date: PIN Number: NHW.....