THE UNIVERSITY OF AUCKLAND LIBRARY

Application for Library Associate Membership for Auckland District Health Board (ADHB) Employees

The University of Auckland Library undertakes to collect, use, and disclose the information you provide on this form in accordance with the principles of the Privacy Act 1993. The information will be used for administrative purposes relating to your Associate Membership.

☐ Tick for **Borrowing and Electronic Access.** *Your application must include*: 1. A photocopy of your current ADHB ID card. 2. Library staff will take your photo, or you may provide a digital passport photo. *You will receive a Library ID card and a NetID and NetPassword.*	☐ Tick for **Electronic Access Only**. *Your application must include:* 1. A photocopy of your current ADHB ID card. *You will receive a NetID and NetPassword, NOT a Library ID card.*

- Auckland District Health Board staff eligibility for membership – please select one:
  - ☐ Paid permanent staff
  - ☐ Casual/contract staff *require authorisation from the Chief Medical Officer*.
  - ☐ Staff on clinical placement *require authorisation from the office of the Executive Director of Nursing*.

  Contract end date:…… (please provide if you are casual/contract staff or on clinical placement).
- Are you a current University of Auckland (UoA) student? No ☐ Yes ☐ *If yes, DO NOT apply for this type of membership.*

  Are you a current student of another educational institution (i.e. **not** UoA) No ☐ Yes ☐

  If yes, which institute:…… What course:……
- Have you ever been a member of the UoA at any time (e.g. student, staff)? Yes ☐ No ☐

  If you are able, please provide your UoA ID card number: __ __ __ __ __ __ __ __ __

  If your name has changed (i.e. via marriage) since you were a UoA member, please provide your previous name:

  ……

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*Please use **BLOCK LETTERS*** **Application: New** ☐ **Renewal** ☐

Surname:…… Date of Birth:……Please select: Prof | Dr | Mr | Mrs | Ms | Miss

First & Middle names:……...……...Please select: Male | Female

Home address: ……

Preferred email*:……Home phone:……..

NOTE: *Supply the email you check regularly, as all library notices are sent to it.

Position:…… Department Name:……..

Work address:……

ADHB ID card expiry date: …… Work phone, mobile or pager:……

ADHB employee no.: __ __ __ __ __ __ **ADHB RC code**: __ __ __ __ __ __ __ __ __ *(In the ADHB Phone Directory)*

Membership Conditions: I agree to abide by the University of Auckland Library Statute, available at the Library or https://policies.auckland.ac.nz/policy-display-register/library-statute-2007.pdf

Applicant's legible signature: ……

Membership is valid for 12 months or until your ADHB ID card expires (whichever is first).

The University of Auckland Library use only: Patron shown Statute ☐ Attached: ADHB ID card ☐ Photo ☐

Registration received by:……..Date:……

Authorised by:……Date:……

PS access privilege codes ADHB/HHS entered by:……Date:……

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