PATRON REGISTRATION FORM
North West Hospital and Health Service

Yacca Library
Mount Isa Base Hospital

Mt_isa_library@health.qld.gov.au
Phone: (07) 4745 4532 Fax: (07) 4743 2751

Print out and sign, return via email Mt_isa_library@health.qld.gov.au or return in person.
If you are a QH staff member – please sign up online here: www.health.qld.gov.au/libraries/client_rego_update

Title: _______ Given Name: ___________________ Surname: ____________________________
Position/Occupation: _________________________ Dept/Unit/Ward: _______________________
Personal Address (student accommodation or care of hospital/dep cannot be accepted): ______________________
                                        ______________________   Postcode: __________
Phone: __________________________________ Email*: ________________________________

* Email is our main method of contact, notifications are sent for return reminders and for overdue notices.

ID – please choose option best suited.
☐ QH staff    Employee Number (Mandatory): ______________ OR
☐ Student    Institution:_______________ Student ID (Mandatory): _____________________ OR
☐ MICRRH    ID Type:_______________ Barcode (library use only): __________________

If on rotation/contract/placement state expected completion date: _____________________________

The conditions of borrowing resources from Queensland Health Libraries are that:
• you do not re-lend library resources to other individuals or organisations;
• you do not allow any other individual or organisation to borrow library materials under your name;
• you accept responsibility for library material recorded as on loan to you, this may include paying for all lost or damaged items, which may be billed to either you or your cost centre in accordance with local lending policy;
• you agree to pay the postage costs involved in returning library materials to their library of origin;
• you agree to familiarise yourself with library borrowing policies and adhere to them;
• you agree to inform the library of any change to the information supplied on this form;
• the library may treat as signed by me any email request and declaration for a document as being made under subsection 49 (1) of the Copyright Act 1968 that bears my name and Payroll/Library number;
• you agree to have your personal information stored outside Australia for contractually agreed purposes in accordance with Queensland privacy legislation (Information Privacy Act 2009).

Signature: ___________________________ Date: ___________________________

If your library account is inactive (i.e. no items borrowed) for 12 months or more, your account will be removed from the system and you will need to complete a new form.

LIBRARY STAFF USE ONLY
☐ ID Checked     Date entered on system: ......................... Signed by library officer: .........................................................