

**HEALTH SCIENCES LIBRARY  
RMH, RWH, PMCC and Victorian Mental Health**

**Phone: 9342 8617**

**Fax : 9342 8615**

**NURSE BANK REGISTRATION FORM**

Registered Nurses employed by Melbourne Health Nurse Bank (City and Royal Park Campuses), Royal Women's Hospital Royal Bank and Peter Mac Nurse Bank are eligible for Library Membership for a period of up to 6 months.

**Please note: The completed form needs to be counter signed by the Melbourne Health Nurse Bank / Royal Women's Hospital Royal Bank/Peter Mac Nurse Bank Supervisor.**

**PLEASE PRINT ALL DETAILS**

Title: Mr/Mrs/Ms/Miss

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

*Is your employment for less than 6 months?* No  Yes  If yes, give last date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**\*\*\* RESIDENTIAL DETAILS**

Home Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_ Home Phone (LANDLINE PLEASE): \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**\*\*\* Please Note:** All personal information provided to the Library is kept confidential.

**BANK SUPERVISOR'S DETAILS**

*I am authorised to confirm that \_\_\_\_\_ is currently employed by  
(Please print name)*

*(Please circle ) Melbourne Health Nurse Bank / Royal Women's Hospital Royal Bank/Peter Mac Nurse Bank*

Supervisor's Name: \_\_\_\_\_ Work phone (LANDLINE PLEASE): \_\_\_\_\_  
(Please print name)

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**CONDITIONS OF MEMBERSHIP**

<b>I agree:</b>	To return loans by due date(s). I understand that services will be suspended or limited on default, and fines levied for the overdue period.  To replace library materials lost or damaged while on loan to me (cost of item plus \$35 admin fee)  That any passwords supplied to me by the Library are for my personal use and are not to be shared or otherwise distributed to others (even other registered Library Members), as this is a violation of the contract agreement between RMH Library and its supplying vendors.
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**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Library Use Only:**

Barcode number: \_\_\_\_\_ **Monitor entry:**  **Horizon Entry:**

**Library membership expiry date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_