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: M	r/Mrs/Ms/Miss
Surname: Given Names:	
Is your em	ployment for less than 6 months? No O Yes O If yes, give last date: / /
*** RESIDENTIAL DETAILS	
Home Stre	et Address:
Suburb:	Post Code: Home Phone (LANDLINE PLEASE).:
Email:	Mobile Phone:
*** Please	Note: All personal information provided to the Library is kept confidential.
BANK SUF	PERVISOR'S DETAILS
I am authorised to confirm that is currently employed by (Please print name)	
(Please cir	rcle) 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: /	
CONDITION	NS OF MEMBERSHIP
I agree:	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.
SIGNATURE: / /	
Ducc / /	
Library U	se Only:
Barcode number: Monitor entry: Horizon Entry:	
Library membership expiry date///	