



THE UNIVERSITY
OF QUEENSLAND
AUSTRALIA

LIBRARY
Enriching world-class scholarship

Please print and complete, then visit
your Branch Library with the form and
your hospital ID.

Hospital Staff Application for Library Membership

Employment Details

Staff ID. No.

Position (eg. RN, Intern, OT, Admin Officer)

Are you also a University of Queensland Staff Member or student?
(please tick)

Yes	No
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Employment Status (please tick all that are applicable)

Casual

Fulltime

Part Time

Contract Contact Expiry Date (if applicable) _____

Personal Details

Title (eg. Mr, Mrs, Ms, Dr, Sr, A/Prof, Prof etc.)

Last Name

First Name and Other Initials

Hospital Address Please include Hospital or
off site address or building location (eg Clinical Sciences
Building)

Home Address
 Postcode

Work.
Mobile.

Home.
Pager.

Date of Birth
(As required by the Broadcasting Services Act)

Email Address

I agree to abide by the Library conditions of use as stated on the Library's website:
<http://www.library.uq.edu.au/iad/rules.html>

Signature _____ Date _____

Library Use Only

Expiry Date: _____ Stat Class: _____ Library No.: _____