

Salford Libraries and Information Service

Membership form

Completing this form will allow you to borrow from any library in Salford and use the library computers.

Your parent or adult carer will need to sign **section B** if you wish to borrow from the library.

Your parent or guardian will need to sign **section C** if you wish to use the Internet in the library.

Library staff will be happy to help you complete this form.

Children and young people

Membership number

section A: Child's name:

Last/Family name:

Male

First/Given name:

Female

Address:

Postcode:

Date of Birth:

Telephone number:

School:

Any personal information you supply will be held by Salford Libraries and Information Service physically and electronically and will be used in accordance with the Data Protection Act for purposes of statistical analysis, management and planning of services.

We may contact you with details of library services.

All information will be treated as confidential and will not be shared unless it is a legal requirement to do so.

section B: Permission to borrow

To be completed by parent or carer:

I confirm that I will be responsible for all materials borrowed by the child named in section A, and agree that he/she will abide by the byelaws and rules of the library.

Please ask if you would like to see copies of these documents or visit www.salford.gov.uk/libraries

Name:

Address:

Relationship to child:

Telephone number:

Signature:

Date:


Does your child have a visual impairment (one that is not corrected by spectacles or contact lenses)?

Yes

No

Disability

Is your child disabled? Do they have an impairment or health difference as defined under the Disability Discrimination Acts 1995 and 2005 (DDA)?

(If you are unsure as to whether or not your child should be classed as disabled, please contact the Disability Rights Commission Helpline on  08457 622633)

Disabled

Not Disabled

section C: Permission to use the Internet

To be completed by parent or guardian:

I do/do not give permission for

Child's Last/Family name:

Child's First/Given name:

to use the Internet at the library.

I agree on behalf of my child to be bound by the libraries' guidelines for acceptable computer use.

If your details are the same as in section B we only need your signature.

Name:

Address:

Relationship to child:

Telephone number:

Mobile number:

Signature:

Date:

Thank you for completing this form.

Staff use only

Staff initials:

PN consent:

Inputted:

Haddii aad doonaysid turjubaan Afka Soomaaliga fadlan la xidhiidh Salford Link Project 0161 787 8219

Pour obtenir une explication en français, veuillez Salford Link Project au numéro suivant: 0161 787 8219

Të gjitha letrat (PLAKATET) mund të ju spjegojm më Salford Link Project nese kontaktoni në: 0161 787 8219

بۆ پروونکردنهوه به زمانی کوردی تکایه په یوهندی بکه به پرۆژهی سالفورد لینکه وه لهسه
ژماره ته له فونئى ۰۱۶۱ ۷۸۷ ۸۲۱۹

如你需要廣東話的解釋，請聯絡修福特連系計劃，電話：787 8219。

0161 787 8219 للتوضيح باللغة العربية يرجى الاتصال بسالفورد لينك على الرقم

برای ترجمه به زبان فارسی لطفاً "از طریق شماره تلفن ۰۱۶۱-۷۸۷۸۲۱۹ با مؤسسه
Salford Link Project تماس بگیرید.

ਇਸ ਨੂੰ ਪੰਜਾਬੀ ਵਿਚ ਸਮਝਣ ਲਈ ਕਿਰਪਾ ਕਰਕੇ ਸੈਲਫਰਡ ਲਿੰਕ ਪ੍ਰਾਜੈਕਟ ਨਾਲ
ਇਸ ਨੰਬਰ ਤੇ ਸੰਪਰਕ ਕਰੋ: 0161 787 8219

বাংলাতে যে কোনো ব্যাখ্যা লাভ করার জন্য সলফোর্ড লিংক প্রজেক্টে 787 8219 নম্বরে টেলিফোন করুন।

اگر آپ کو اردو زبان میں وضاحت درکار ہے تو برائے مہربانی سے سلفورڈ لنک پروجیکٹ سے اس ٹیلی فون نمبر پر رابطہ
تقائیم کریں 0161 787 8219