

The Resource Centre - Client Registration Form

Please complete the form below to borrow resources.

Declaration: I agree to take *sole responsibility* for the resource materials borrowed and *pay the replacement cost* for any items lost or damaged.

Signature..... Date

NAME		PASSWORD [ddmmyy]							
OCCUPATION									
EMPLOYING ORGANISATION									
WORKPLACE ADDRESS									
WORKPLACE POSTCODE									
WORKPLACE TELEPHONE									
FAX (if applicable)									
WORK (OR HOME) EMAIL									
HOME ADDRESS									
HOME POSTCODE									
HOME TELEPHONE									

Please either hand-in the completed form or return it to:

The Resource Centre, Suite 6, 2nd Floor, Aspect House, Aspect Business Park, Bennerley Road, Bulwell, NOTTINGHAM NG6 8WR

Tel: 0115 883 4205
 Fax: 0115 883 4210
 Email: resource.centre@nottinghamcity.nhs.uk

FOR STAFF USE ONLY	Date Registered	
	Membership Number	
	Location Code	
	Category	
	Card Issued (yes/no)	
	ID Checked (indicate type)	