This form section is to be completed by the person requiring Library Home Delivery Services.

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| **Library Home Service** |
| The Library Home Delivery Service facilitates the delivery of borrowed library items to Murray Bridge Library members at their place of residence in circumstances where residents would not otherwise be able to access the facilities due to illness, injury or disability.  |
| **Applicant Details** |
| **Title:** |       |
| **First Name:** |       |
| **Middle Name:** |       |
| **Surname:** |       |
| **Date Of Birth:** |       |
| **Address:** |       |
| **Home Phone:** |       |
| **Mobile Number:** |       |
| **Email Address:** |       |
| **Proof ID Type:** |       | **ID Number:** |       |
| **Library Membership Number:** |       |
| **Home Library Service Application** |
| I wish to apply for membership of the Library Home Service provided by Murray Bridge Public Library. Due to age, a disability or a medical condition, I am unable to visit the library and/or cannot carry books home. I agree to the conditions of membership and to pay any charges incurred for lost or damaged material.  |
| **Conditions Of Membership** |
| **I Agree To:** | * Return library material by the due date
* Inform the library of any changes to my personal details
* Pay for lost, damaged or stolen library materials plus any administrative fees
* Pay any overdue fees charged
* Be responsible for all items borrowed on my card.
 |
| **I Am Aware That:** | * My membership will be suspended if there are excessive overdue fees or I have items overdue for fourteen days or more
 |
| Having read the conditions I agree to conform to them.  |
| **Applicant’s Signature** |
| **Name:** |       |
| **Signature:** |       | **Date:** |       |

This form section is to be completed by the practitioner referring client for Library Home Delivery Services.

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| **Referral Eligibility** |
| **Referrals Will Be Accepted From:** | [ ]  Medical practitioner[ ]  Community nurse[ ]  Community carer[ ]  Royal Society for the Blind representative |
| **Referee Details** |
| **Organisation/Business:** |       |
| **Name:** |       |
| **Address:** |       |
| **Work Phone:** |       |
| **Email Address:**  |       |
| **Referral** |
| **Person Referred For Home Delivery Library Service:** |       |
| **Reason For Referral:** | [ ]  A short term illness eg. recuperating after an operation or suffering from a broken bone. [ ]  Chronic or serious illness or disability that prevents applicant from visiting a library. [ ]  Other If other, please specify:       |
| **Approximate Time Service Will Be Required:** |       weeks      months      years |
| **Referee’s Signature** |
| **Name:** |       |
| **Signature:** |       | **Date:** |       |

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| **Lodgement** |
| **Please Return Form To:** | Murray Bridge Public Library Murray Bridge Market PlaceLevel 2 51 South TerraceMurray Bridge SA 5253or library@murraybridge.sa.gov.au  |