

APPLICATION TO USE THE LIBRARY

Applicants must provide evidence of identity and address.
Please complete both sides of this form in **BLOCK CAPITALS**.



TITLE	<input type="text"/>	FORENAME	<input type="text"/>	LAST NAME	<input type="text"/>
PERMANENT HOME ADDRESS	<input type="text"/>				
USERNAME	<input type="text"/>				
TEL (home)	<input type="text"/>	TEL (other)	<input type="text"/>		
EMAIL	<input type="text"/>				
AFFILIATION WITH UNIVERSITY / COLLEGE / INSTITUTION (if applicable)	<input type="text"/>				

ACCESS FOR PEOPLE WITH DISABILITIES ^(W)

Please indicate here if you would like to discuss our services and facilities with a member of staff.
We will be happy to assist you in any way we can.

HOW DID YOU HEAR ABOUT THE SERVICE? (please tick one)

- | | | |
|---|---|---|
| <input type="checkbox"/> ANOTHER LIBRARY (F) | <input type="checkbox"/> LIBRARY TOUR OR EVENT (E) | <input type="checkbox"/> SOCIAL MEDIA (P) |
| <input type="checkbox"/> FRIEND/COLLEAGUE (A) | <input type="checkbox"/> EMAIL/E-NEWSLETTER (N) | <input type="checkbox"/> JOURNAL, MAGAZINE, PRESS ARTICLE (D) |
| <input type="checkbox"/> TEACHER/LECTURER (H) | <input type="checkbox"/> LEAFLET, POSTCARD ETC. (G) | <input type="checkbox"/> BROADCAST MEDIA (TV/RADIO) (L) |
| <input type="checkbox"/> WEBSITE – WELLCOME (C) | <input type="checkbox"/> WORD OF MOUTH (M) | <input type="checkbox"/> ADVERTISING (O) |
| <input type="checkbox"/> WEBSITE – OTHER (B) | <input type="checkbox"/> WELLCOME COLLECTION (Q) | <input type="checkbox"/> OTHER (J) |
| <input type="checkbox"/> WALKING BY (I) | <input type="checkbox"/> HENRY'S (K) | |

WHAT IS YOUR MAIN AREA OF INTEREST? (please tick one)

- | | |
|---|---|
| <input type="checkbox"/> ANTHROPOLOGY (A) | <input type="checkbox"/> HISTORY OF MEDICINE/SCIENCE (F) |
| <input type="checkbox"/> ART & ARCHITECTURE (B) | <input type="checkbox"/> GENEALOGY/FAMILY HISTORY (C) |
| <input type="checkbox"/> ETHICS (D) | <input type="checkbox"/> PUBLIC ENGAGEMENT WITH SCIENCE (J) |
| <input type="checkbox"/> HEALTH & WELLBEING (H) | <input type="checkbox"/> CURRENT MEDICINE/SCIENCE (L) |
| <input type="checkbox"/> HISTORY (E) | <input type="checkbox"/> OTHER (M) |

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WHICH OF THESE BEST DESCRIBES YOU? (please tick one)

- | | |
|--|---|
| <input type="checkbox"/> UNIVERSITY ACADEMIC STAFF (0) | <input type="checkbox"/> HEALTH PROFESSIONAL (4) |
| <input type="checkbox"/> UNDERGRADUATE STUDENT (11) | <input type="checkbox"/> LIBRARY/ARCHIVE/MUSEUM STAFF (6) |
| <input type="checkbox"/> POSTGRADUATE STUDENT (10) | <input type="checkbox"/> AUTHOR/WRITER/JOURNALIST (70) |
| <input type="checkbox"/> SCHOOL OR FE STUDENT (9) | <input type="checkbox"/> MEDIA RESEARCHER (2) |
| <input type="checkbox"/> TEACHER OR FE LECTURER (12) | <input type="checkbox"/> ARTIST/DESIGNER (75) |
| <input type="checkbox"/> SCIENTIST (8) | <input type="checkbox"/> OTHER (13) Please specify <input type="text"/> |

I will use personal data on living persons for research purposes only. I will not use personal data to support decisions about the person who is the subject of the data, or in a way that causes substantial damage or distress to them.

I have read and accept the regulations detailed in the Library's Conditions of Use.

SIGNED DATE

Thank you for providing your details. We may need to contact you from time to time in connection with your Library membership.

With your permission, we would like to keep in touch with you about our work.

(L) Please indicate how you would like to be contacted: Email (E) Post (P) Both (B)

(J) If you **would like** to be kept informed about the work of the Wellcome Collection, tick here:

(O) If you **would like** to be kept informed about the work of the Wellcome Trust, tick here:

To update your details or your communication preferences, to stop receiving communications from us, or to unsubscribe from a publication, please email communication@wellcome.ac.uk

Our privacy policy information can be found at www.wellcome.ac.uk/About-this-site

STAFF USE ONLY

PATRON TYPE

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> READER (7) | <input type="checkbox"/> DAY READER (9) |
|-------------------------------------|---|

GEOGRAPHIC AREA

- | | |
|--|--|
| <input type="checkbox"/> LONDON (A) | <input type="checkbox"/> AUSTRALASIA (G) |
| <input type="checkbox"/> UK (Outside London) (B) | <input type="checkbox"/> MIDDLE EAST (H) |
| <input type="checkbox"/> EUROPE (Outside UK) (C) | <input type="checkbox"/> NORTH AMERICA (D) |
| <input type="checkbox"/> AFRICA (I) | <input type="checkbox"/> SOUTH AMERICA (E) |
| <input type="checkbox"/> ASIA (F) | <input type="checkbox"/> OTHER (J) |

CARD ISSUED BY

CARD NO.

ISSUE DATE

EXPIRY DATE

CARD REPLACEMENT NO.

FORM OF IDENTIFICATION PROVIDED

- | | | |
|---|---|----------------------|
| <input type="checkbox"/> BANK/CREDIT CARD (1) | <input type="checkbox"/> NATIONAL IDENTITY CARD (7) State country of origin | <input type="text"/> |
| <input type="checkbox"/> BANK STATEMENT (2) | <input type="checkbox"/> REFERRAL LETTER (8) | |
| <input type="checkbox"/> DRIVING LICENCE (3) | <input type="checkbox"/> STUDENT ID (9) State college | <input type="text"/> |
| <input type="checkbox"/> EU PASSPORT (4) | <input type="checkbox"/> EMPLOYMENT ID (10) State employer | <input type="text"/> |
| <input type="checkbox"/> OTHER PASSPORT (5) | | |
| <input type="checkbox"/> UTILITIES BILL (6) | <input type="checkbox"/> OTHER (11) Please specify | <input type="text"/> |