APPLICATION TO USE THE LIBRARY

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

TITLE [ ] FIRST NAME [ ] LAST NAME [ ]

PERMANENT HOME ADDRESS

USERNAME

A minimum of 6 alphanumeric characters with at least one letter

MOBILE/TEL

EMAIL

AFFILIATION WITH UNIVERSITY / COLLEGE / INSTITUTION (if applicable)

ACCESSIBILITY AND INCLUSION

We have a commitment is to make the library as accessible and inclusive as possible. If you would like to know more about what we can offer you please tick this box. We will be happy to assist you in any way we can.

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

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

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

□ ANTHROPOLOGY (A)   □ HISTORY OF MEDICINE/SCIENCE (F)
□ ART & ARCHITECTURE (B) □ GENEALOGY/FAMILY HISTORY (C)
□ ETHICS (D)   □ PUBLIC ENGAGEMENT WITH SCIENCE (J)
□ HEALTH & WELLBEING (M) □ CURRENT MEDICINE/SCIENCE (L)
□ HISTORY (E)   □ OTHER (M)

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

☐ UNIVERSITY ACADEMIC STAFF (0)
☐ HEALTH PROFESSIONAL (4)
☐ UNDERGRADUATE STUDENT (11)
☐ LIBRARY/ARCHIVE/MUSEUM STAFF (6)
☐ POSTGRADUATE STUDENT (10)
☐ AUTHOR/WRITER/JOURNALIST (70)
☐ SCHOOL OR FE STUDENT (9)
☐ MEDIA RESEARCHER (2)
☐ TEACHER OR FE LECTURER (12)
☐ ARTIST/DESIGNER (75)
☐ SCIENTIST (8)
☐ OTHER (13) Please specify

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 / / 

We may need to contact you from time to time in connection with your Library membership or to get your feedback on our services.
(L) Please confirm how you would like to be contacted: ☐ Email (E) ☐ Post (P)
(J) If you would like to receive information about Wellcome Collection and forthcoming events, tick here: ☐
(O) If you would like to be kept informed about the work of Wellcome, tick here: ☐

Your information will be protected in accordance with data protection law and we will only contact you in relation to your library membership and/or the options you have selected above. You can unsubscribe at any time by clicking the unsubscribe link at the bottom of the e-flyer email.

For further information about how we handle personal data, please go to wellcome.ac.uk/about-us/governance/privacy-and-terms

STAFF USE ONLY

PATRON TYPE
☐ READER (7)

GEOGRAPHIC AREA
☐ LONDON (A) ☐ AUSTRALASIA (G)
☐ UK (Outside London) (B) ☐ MIDDLE EAST (H)
☐ EUROPE (Outside UK) (C) ☐ NORTH AMERICA (D)
☐ AFRICA (I) ☐ SOUTH AMERICA (E)
☐ ASIA (F) ☐ OTHER (J)

FORM OF IDENTIFICATION PROVIDED
☐ BANK/CREDIT CARD (1) ☐ NATIONAL IDENTITY CARD (7) State country of origin
☐ BANK STATEMENT (2) ☐ REFERRAL LETTER (8)
☐ DRIVING LICENCE (3) ☐ STUDENT ID (9) State college
☐ EU PASSPORT (4) ☐ EMPLOYMENT ID (10) State employer
☐ OTHER PASSPORT (5) ☐ OTHER (11) Please specify
☐ UTILITIES BILL (6)