

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"/>	FIRST NAME	<input type="text"/>	LAST NAME	<input type="text"/>
PERMANENT HOME ADDRESS	<input type="text"/>				
USERNAME	<input type="text"/>				
	A minimum of 6 alphanumeric characters with at least one letter				
MOBILE/TEL	<input type="text"/>				
EMAIL	<input type="text"/>				
AFFILIATION WITH UNIVERSITY / COLLEGE / INSTITUTION (if applicable)	<input type="text"/>				

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)

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

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) |

CONTINUED ►

Wellcome Collection is part of the Wellcome Trust. The Wellcome Trust is a charity registered in England and Wales, no. 210183. MP-6894.10/12-2019/RK



Wellcome's free museum and library for the incurably curious

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wellcomelibrary.org

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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

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)

UK (Outside London) (B)

EUROPE (Outside UK) (C)

AFRICA (I)

ASIA (F)

AUSTRALASIA (G)

MIDDLE EAST (H)

NORTH AMERICA (D)

SOUTH AMERICA (E)

OTHER (J)

CARD ISSUED BY

CARD NO.

ISSUE DATE

EXPIRY DATE

CARD REPLACEMENT NO.

FORM OF IDENTIFICATION PROVIDED

BANK/CREDIT CARD (1)

BANK STATEMENT (2)

DRIVING LICENCE (3)

EU PASSPORT (4)

OTHER PASSPORT (5)

UTILITIES BILL (6)

NATIONAL IDENTITY CARD (7) State country of origin

REFERRAL LETTER (8)

STUDENT ID (9) State college

EMPLOYMENT ID (10) State employer

OTHER (11) Please specify