MHERC
Mental Health Education & Resource Centre

Te Rakau Matauraka Whaiora me Ona Rauemi
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LIBRARY BORROWER FORM

Borrower Details

Name: .....

Home Address: .....

City: ..... Postcode: .....

Phone Number: ..... Home Email Address: .....

Mobile Phone Number: ..... Alternative Email Address: .....

Please tick the applicable emailing lists you would like to join: (Please make sure you have included your email address above)

☐ Library E-News ☐ Connect: Community News ☐ Professional Development

Alternative Contacts (Please provide two alternative contacts)

Contact One:

Name: .....

Address: .....

.....

Phone: .....

Contact Two:

Name: .....

Address: .....

.....

Phone: .....

How did you hear about our library?

☐ Rejoining ☐ Medical Professional ☐ Other Organisation ☐ Workplace ☐ Advertisment

☐ MHERC Professional Development Course ☐ Other .....

Ethnicity (Optional - for statistical purposes only)

☐ NZ European ☐ Maori ☐ Pacific Island ☐ Asian ☐ European ☐ Other

Terms and Conditions

- I agree to carefully look after the item(s) borrowed.
- I agree to return the item(s) on the date(s) indicated.
- I agree to being contacted by MHERC staff, through my own details, or if unsuccessful, my contacts details, to be reminded about any overdue item(s).
- I agree that I am liable for the costs associated with the damage or loss of any items borrowed. MHERC reserves the right to take reasonable steps to secure reimbursement of such costs.

I acknowledge that I have read and fully understood the terms and conditions outlined above and agree to be bound by them.

Signature: ..... **Date:** .....

FOR OFFICE USE ONLY:

Information Input: ☐ Conditions Explained (Phone Contact): Yes / No Input By: .....

Barcode Number: ..... Library Card Produced: Yes / No