### Health Library Membership Application





### **Health Libraries for North Staffordshire**

| Surnar                           | me   |              |       |                                     |                  |            | □ Prof       | □ Dr    | □ Ms |
|----------------------------------|--|--------------|-------|-------------------------------------|------------------|------------|--------------|---------|------|
| First Name                       |  |              |       |                                     |                  | ☐ Mr       | ☐ Mrs        | ☐ Miss  |      |
| Position/ Job Title              |  |              |       |                                     |                  |            | ☐ Other      | ۲       |      |
|                                  |  |              |       |                                     |                  |            |              |         |      |
| □ Pe                             | □ Permanent staff □ Locum/ Temporary Contract Expiry Date                |              |       |                                     |                  |            |              |         |      |
| Which organisation are you with? |  |              |       |                                     |                  |            |              |         |      |
| UHNM: □ County □ Royal Stoke     |  |              |       |                                     |                  |            |              |         |      |
| □ Cor                            | □ Combined Healthcare NHS Trust □ NHS GP Practice in Staffordshire       |              |       |                                     |                  |            |              |         |      |
| □ Sta                            | □ Staffordshire & SOT ICB (Integrated Care Board) □ Other (please state) |              |       |                                     |                  |            |              |         |      |
|                                  |  |              |       |                                     |                  |            |              |         |      |
| Whic                             | th staff group   | p best fit   | s yo  | our job rol                         | e?               |            |              |         |      |
| □ Adm                            | min/ Support Servic  | es           |       | Healthcare ass                      |                  | □ Pha      | armacy sta   | ff      | ļ    |
| □ Allie                          | ed Health professio  | nal          | (inc. | (inc. LICC)// 9 muraing againtents) |                  |            | search       | arch    |      |
| □ Con                            | nsultant   |              |       | Manager                             |                  | □ Sci      | entific/tech | nical   |      |
| □ Den                            | ntist  |              |       | Midwife/ Health                     | visitor          | □ Soc      | cial service | S       |      |
| □ Doc                            | ctor   |              |       | Nurse                               |                  | □ Stu      | dent on pla  | acement |      |
| □ Doc                            | ctor (GP)  |              |       | Paramedic/ Am                       | bulance          |            | er           |         |      |
| Work email address:              |  |              |       |                                     |                  |            |              |         |      |
| (All librar                      | ry notices and comi  | munication w |       |                                     | Please check you | r email re | egularly).   |         |      |
| Depa                             | artment & W  | ork Add      | res   | S                                   |                  |            |              |         |      |
|                                  |  |              |       |                                     |                  |            |              |         |      |
|                                  |  |              |       |                                     |                  |            |              |         |      |
| Postcode                         |  |              |       |                                     |                  |            |              |         |      |
| Phone                            |  |              |       |                                     | Bleep            |            |              |         |      |
| UK Home Address                  |  |              |       |                                     |                  |            |              |         |      |
|                                  |  |              |       |                                     |                  |            |              |         |      |
|                                  |  |              |       |                                     |                  |            |              |         |      |
| Postcode                         |  |              |       |                                     |                  |            |              |         |      |

Phone .....

| As a condition of membership, I undertake to abide by the Health Libraries for North Staffordshire Code of Conduct. (Available in the Library and at www. keele.ac.uk/policyzone/data/librarycodeofconduct/  |                               |                                   |  |  |  |
|--|-------------------------------|-----------------------------------|--|--|--|
| Signature  |                               | Date                              |  |  |  |
| Library Privacy Notice I agree to Keele University processing personal data contained in this form, or data that Keele University may obtain from me. I agree to the processing of such data for any purposes associated with my use of the library, or my health and safety whilst on the premises or for any legitimate reason. I further agree to Keele University processing data about data within the meaning of the General Data Protection Regulations.  The information you supply will be used to contact you about and to administer services and resources you have requested from the library and also to maintain your membership details as up to date and correct. Further details of the Library's Privacy Notice can be accessed at keele.ac.uk/healthlibrary/contactus/regulationsandpolicies |                               |                                   |  |  |  |
| I agree to my data being held as described above and to updating the Library about any changes to the personal details on this form.   |                               |                                   |  |  |  |
| Signature  |                               | Date                              |  |  |  |
| Opt in to these additional benefits of Library Membership  |                               |                                   |  |  |  |
| If you would like 24/7 access to <b>Health Library at County</b> , call in during their staffed hours and they will set this up for you. □ Yes   |                               |                                   |  |  |  |
| Photocopying and printing from a Keele PC (at Stoke only)  Load credit onto your library card at the counter till. Or use online system Upay by Uniware.  Will you want to use Upay?   Yes - Upay will email you instructions to register on the site.   |                               |                                   |  |  |  |
| Health Information Skills Training Librarians can support you to use information resources in the most efficient way. Training is provided online, via Teams or in person to suit your needs. Tick for more information  ☐ Finding good quality healthcare information ☐ Literature searching (eg Medline)   |                               |                                   |  |  |  |
| ☐ Finding systematic reviews in the Cochrane Library   |                               | esearch (introduction to critical |  |  |  |
| ☐ Other (Please state)   |                               |                                   |  |  |  |
| FOR LIBRARY USE ONLY ID □ Badge □ Other Library staff initials:  |                               |                                   |  |  |  |
| Alma card no:  | Membership expiry/purge date: |                                   |  |  |  |
|  | HLC Temp card                 |                                   |  |  |  |
| 24/7 Access  | HLC 24/7 Card no.             |                                   |  |  |  |
| Alma Statistic ☐ Stafford ☐ Stoke  | HLC Deposit paid □            |                                   |  |  |  |

Inactive member removed from Alma

Leaver but form retained Library purpose

KShare sent to admin {joiner}  $\square$ 

KShare sent to admin {library leaver}  $\hfill\Box$ 

# Health Library KnowledgeShare Application



### **KnowledgeShare Evidence Updates**

The personalised current awareness service which sends new evidence on topics tailored to your requirements and delivered straight to your email inbox. Topics include clinical and non-clinical.

| List conditions and/or areas of professional interest below to receive regular targeted KnowledgeShare Evidence Updates emails |  |  |  |  |  |
|--|--|--|--|--|--|
| Condition/Risk<br>Factors (e.g. gestational<br>diabetes)   |  |  |  |  |  |
| Professional<br>Interests (e.g. patient<br>safety, service design,<br>leadership)  |  |  |  |  |  |
| Age Groups<br>(please tick)  | <ul> <li>□ Neonates</li> <li>□ Children &amp; Adolescents</li> <li>□ Adults</li> <li>□ Elderly</li> </ul>                            |  |  |  |  |
| Settings (e.g. GP Surgery, hospital ward, population health)   |  |  |  |  |  |
|  | wide range of publication types. Once you start receiving updates, let us know n a particular type of publication or evidence level. |  |  |  |  |
|  |  |  |  |  |  |
| Send you information   | about the Library and new publications in health and social care   |  |  |  |  |
| We will also contact you occasionally by email to:   |  |  |  |  |  |
| <ul> <li>send you information about the Library Services and new publications in health and social care</li> </ul>             |  |  |  |  |  |

- notify you if you are invited to join a community of practice
- recommend colleagues to you who share your professional interests

You may change these settings at any time at <a href="https://www.knowledgeshare.nhs.uk">www.knowledgeshare.nhs.uk</a> (using your NHS OpenAthens account or by contacting the Health Library).

\*Make sure you register for your NHS OpenAthens account to log in to your KnowledgeShare membership record and access full-text articles.



## KnowledgeShare Privacy Notice and Membership Declaration Using your personal information

We are committed to safeguarding your information. The information you supply will be used to contact you about services or resources you have requested from the Health Library.

### Accessing your personal information

You may log into: <a href="https://www.knowledgeshare.nhs.uk">www.knowledgeshare.nhs.uk</a> (using your NHS OpenAthens account) to see the data we hold about you. Alternatively, contact the Health Library:

Health Library for North Staffordshire (Stoke): <a href="mailto:health.library@keele.ac.uk">health.library@keele.ac.uk</a> (tel: 01782 679500)

Health Library at County: <a href="mailto:library@uhnm.nhs.uk">library@uhnm.nhs.uk</a> (tel: 01785 236113 x2913)

### **Deleting your personal information**

We will delete the data we hold on you after a maximum 5-year period of inactivity (in case you return to use NHS health library services again within this time).

#### **Further information**

For further information on how your information is used, how we maintain its security, and your rights to access it, read the full KnowledgeShare privacy policy online at <a href="https://www.knowledgeshare.nhs.uk/index.php?PageID=help\_privacy">www.knowledgeshare.nhs.uk/index.php?PageID=help\_privacy</a> and for how your data is stored see the Health Library privacy policy at:

https://www.keele.ac.uk/healthlibrary/contactus/regulationsandpolicies

### Your declaration

Signature

By submitting this form, I apply to use KnowledgeShare and agree to abide by the Health Libraries' terms and conditions. I agree to my data being held as described above.

| FOR LIBRARY USE ONLY                         | KShare record added      |
|--|--------------------------|
|  | KShare record unassigned |
| Leaver but form retained for KShare purposes |                          |
|  |                          |

Date

| FOR LIBRARY USE ONLY |       |
|----------------------|-------|
| Record added by:     | Date: |