

THE RONALD LOWE LIBRARY

ROYAL VICTORIAN EYE AND EAR HOSPITAL

BORROWER APPLICATION FORM

Please note: *Borrowers are responsible for all material loaned out in their names
*Borrowers who do not return material will receive an invoice for the cost of replacement plus service fee.

TITLE (please circle): Dr Mr Mrs Ms Miss Prof. Other: _____

SURNAME: _____

FIRST NAME: _____

OCCUPATION / POSITION (eg registrar, student):

DEPARTMENT / ORGANISATION:

MUDO (CERA) MUDOL SCHOOL OF AUDIOLOGY (please circle)

OTHER: (please specify): _____

EMAIL ADDRESS: _____

LENGTH OF CONTRACT / FINISHING DATE: _____

WORK ADDRESS: (if not located at RVEEH)
Street: _____

Suburb: _____ State: _____ Postcode: _____

PHONE NUMBER: (__) _____ **PAGER NO.:** _____

FAX NUMBER: (__) _____

HOME ADDRESS:
Street: _____

Suburb: _____ State: _____ Postcode: _____

TELEPHONE NUMBER: (__) _____

FAX NUMBER: (__) _____

DECLARATION: I undertake to observe the Library Procedures, return all items borrowed under my name on the due date or pay for replacement cost if damaged or lost.

SIGNATURE: _____ **DATE:** ___ / ___ / ____

OFFICE USE ONLY: RVEEH EMPLOYEE: Y / N. Borrower Type: _____
Charge Rate: _____ Borrower ID Number: _____ **Receipt no.** _____