



**DISABILITY INFORMATION AND RESOURCE CENTRE (DIRC)  
LIBRARY REGISTRATION FORM**

**Personal Information and Contact Details: (Please print clearly)**

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Organisation name (institutional borrowers only): \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Ph: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Mobile) \_\_\_\_\_ Email: \_\_\_\_\_

**How did you find out about DIRC? (Please tick where appropriate.)**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Telephone Directory | <input type="checkbox"/> Professional Referral            | <input type="checkbox"/> Support Group | <input type="checkbox"/> Another Library   |
| <input type="checkbox"/> University          | <input type="checkbox"/> TAFE                             | <input type="checkbox"/> School        | <input type="checkbox"/> Industry Training |
| <input type="checkbox"/> Internet            | <input type="checkbox"/> DIRC'S Current Awareness Service |  |  |
| <input type="checkbox"/> Other: _____        |   |  |  |

**Please indicate your reason for using the library. (Please tick where appropriate.)**

**PERSONAL:**

**EDUCATIONAL:**

**PROFESSIONAL:**

**Subject interests? (Eg Access Issues, Diabetes, Employment, Normalisation, Paraplegia, Sociology of disability etc.)**

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\_\_\_\_\_ PTO

**Copyright Act 1968 - Section 40**

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*If you have any questions or concerns about Copyright, please ask the library staff for assistance.*

**PLEASE SIGN BOTH THE DECLARATION AND THE PRIVACY STATEMENT**

**Declaration**

I agree to abide by Section 40 of the Copyright Act 1968 as detailed above. I agree to pay the full replacement cost for any items that are lost or damaged while they are on loan to me. If this happens, I understand that my borrowing privileges may be suspended until the item is either returned or the replacement cost has been paid. If I am returning borrowed items by post I agree to abide by the condition that the items must be returned by **registered** post at my own expense.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy**

I consent to DIRC collecting the above personal information about me and I understand that the purpose of the collection of this information is required by DIRC in order to provide services to me. I understand that only authorised staff will have access to my personal information and that it will be kept in secure storage.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Record No: \_\_\_\_\_ ID Verified by: \_\_\_\_\_ *(Office Use Only)*