

University of Otago Wellington

Library Registration Form for **CCDHB Staff**

Please show or send a copy of your current CCDHB ID card

Send form via email: library.uow@otago.ac.nz

PLEASE COMPLETE ALL FIELDS LEGIBLY AND SIGN FORM

First Name: Last Name:

Home Address: Suburb: Postcode:

Personal email - required (preferred

Work email (preferred

Personal phone - required: Work phone:

Position:

Location: CCDHB Wellington | CCDHB Porirua | CCDHB Kenepuru | CCDHB Kapiti | MHAIDS

Department Name (**in full**):

Level and Building:

New membership **Renewing membership** **Reactivate card** **Card required**

Services required

e-resource access only (no card required) Borrowing books (card required) Evening & weekend library access (when open) (**No thoroughfare**)

Approval of evening and weekend access is at the discretion of the Health Sciences Librarian

Disability (assistance required):

Terms and Agreements

- *We collect your personal details in order to provide some services. We do not share this information and only authorised library staff are able to access it*
- *Access is available only to the cardholder (cards may not be shared)*
- *The card holder is responsible for all items issued on their card*
- *Passwords are for your individual use and only for the duration of your employment with CCDHB*
- *Saving or e-mailing journal articles within the library's licence agreements with publishers, may be permitted*
- *Articles from hard copy journals may be photocopied within copyright regulations, in the Library*
- *Report the loss of your library card immediately*

BY SIGNING THIS FORM I AGREE TO ABIDE BY THE TERMS AND AGREEMENTS AS OUTLINED ABOVE

Please sign: **Date:**

CCDHB photo ID sighted (Library staff please initial):

LIBRARY USE ONLY

Barcode:

Checklist

- Form completed (details clear and complete)
- Signature
- Membership and services ticked

- CCDHB ID sighted (staff signature)
- Email check Citrix Initials: _____
- Payroll check Initials: _____
- HO/Reg lists checked Initials: _____
- RMO office check Initials: _____

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Entered by: Date: Expiry date:

User Group: CDHB & CCDHB Statistics: CCDHB -

- New registration
- Renew registration
- New/Replacement card Date: _____
- Reactivate existing card Date: _____
- Card not required
- Access requested
- Access not required
- Access approved Date: _____
- Access not approved Date: _____
- Card to be sent
- Card to be collected
- Card sent internally
- Card sent externally

CARDAX:

User Notes

- Form (date signed)
- ID sighted
- Access (Y/N)
- Cardax number / No card _____
- Email (date sent) _____
- Card sent/collected (date) _____

Directorates	
Chief Operating	COO
Surgery Women's Children's	SWC
Medicine Cancer Community	MCC
Mental Health Services	MHS
Clinical Corporate Support	CCS
IT Infrastructure	IT
Corporate	CORP
Corporate Support	CS
Executive Office	EO
Governance Funding Admin	GFA
House Surgeon/Registrar	HS/REG