

Visitor Registration Form

Your details (please use block letters). Fields marked * are required

Name*

Address

Email address*

Institution/school/organisation affiliation

If under 16, Signature of a parent/guardian/school teacher

Which of the following best describes the reason for your visit? (please tick one box)

College Student/study space Meeting friends/clubs

University (non-CCCU) Student Private Research

Other (please specify)

Access for people with disabilities

Requirements of the Equality Act have been taken into account. If you have any additional accessibility needs, let Reception know. Please tick the box if you consider yourself disabled

Declaration

I declare that the information I have provided is true and I consent to its use as described in the Data Protection notice below.

I accept the Library regulations and the Code of Conduct <https://www.canterbury.ac.uk/library/docs/code-of-conduct.pdf>. I understand that if I breach these conditions, my visiting user status will be revoked.

Signature

To be signed by parent/guardian/school teacher if the visitor is under 16 years of age as acknowledgement and assumption of Risk

Date/...../.....

HOW INFORMATION ABOUT YOU WILL BE USED: Any information you submit to Library and Learning Resources via this form will only be used to provide the service requested and for identification purposes in order to maintain the security of the collections. This information may be shared with law enforcement agencies. This form will be stored securely in paper format for 12 months unless you request for consent to be withdrawn by contacting library.canterbury@canterbury.ac.uk

From time to time we would like to send you information about our services. Please tick here if you would prefer not to be contacted in this way