## **HOME LIBRARY MEMBERSHIP FORM**



Applicant Detail	s							
Surname:	Title: Mr Mrs Miss Dr							
First Name(s):								
Address:								
Suburb:	Postcode:							
Phone (h):	Phone (m):	Phone (m):						
Email:	-							
Date of Birth:								
Permission to e	nter Home/ Institution							
I agree to allow City of Canada Bay Library staff to enter my home to deliver.								
Privacy Policy								
All patrons are assured their personal details will only be used for Library/ Council purposes.								
Declaration and signature								
I agree to comply with City of Canada Bay Library Services Regulations and to give immediate notice of any change of address or phone number.								
Signature of Applica	nt:							
Emergency contact:								
Address of Emergen	cy contact:							
Suburb:	Postcode:							
Phone (h):	Phone (m):							
eligibility to receive s  Contact: Kylie Streeter, Hom Tel: 9911 6210	e members may need to provide a supporting letter fror ervice. e Library Officer - Concord Library ©canadabay.nsw.gov.au	n a health professional as proof of						
For Office Use (	only							
Proof:	Card No.:	Staff Name:						

For Office Use Only - Risk Management Checklist									
Parking - Ava	ailable near premises	Yes		No					
Comments:									
Pathway - Slip/trip/fall hazard Yes				No					
Comments:									
Steps/stairs - slip/trip/fall hazard Yes				No					
Comments:									
Entrance/front door - clearly visible/numbered Yes				No					
Comments:				-					
Lighting - Good visibility Yes				No					
Comments				-					
Garden - Needs maintenance Yes				No					
Comments:									
Animals - Dog unleashed Yes				No					
Comments									
Reported potential hazards to Supervisor/Manager/Council Officer				Yes		No			
Comments:									
Signature:				Date:					
Library Details									
Address:	Concord Library 60 Flavelle Street, Concord NSW 213		bsite: one:	www.canada 9911 6210	bay.n	sw.gov.au			

Sat: 9.30am-4pm Sun: 1-5pm

## **ECM**

Operating hours:

Mon-Thurs: 9.30am-7.30pm Fri: 9.30am-5pm