

## Library and Information Service Registration Form.

### Please provide the following information:

Your information will be held in accordance with the Data Protection Act 1998.

**Proof of address and identification will be required.**

If you cannot provide these, you may still join the library with limited access to some services.

**User's Surname:**

**User's First Names:**

**Date of Birth:**

**Address:**

**Post code:**

**Telephone Number:**

**Email Address:**

For users under the age of 16 we require a guarantor, who must be over 16, to accept responsibility for the user.  
If you are willing to act as a guarantor then please fill in your information below and complete the equality monitoring form overleaf on behalf of the under 16 user.

**Guarantor's Surname:**

**Guarantor's First Names:**

**Guarantor's Address:**  
(if different from above)

**Postcode:**

**Telephone Number:**

**Email Address:**

**Guarantor's Library card number:**

Proof of address will be required if the guarantor is not registered as a library user.

## Leeds Library and Information Service Registration Form Equality Monitoring Information

The following information is optional but will help us to deliver a service designed for the specific needs of our users. By finding out what our customers need, we can make sure our services are relevant, fair and accessible to all. This information will be kept confidential and will only be used by Leeds City Council.

### Gender (Please tick)

- Male   
Female

### Disability

**Do you consider yourself to be disabled? Yes  No**

(If yes, please tick all that apply)

- |  |                                     |
|--|-------------------------------------|
| Eyesight <input type="checkbox"/>                  | Learning <input type="checkbox"/>   |
| Hearing <input type="checkbox"/>                   | Dyslexia <input type="checkbox"/>   |
| Mobility (getting around) <input type="checkbox"/> | Housebound <input type="checkbox"/> |
| Using hands/fingers <input type="checkbox"/>       | Other <input type="checkbox"/>      |
| Decline to answer <input type="checkbox"/>         |                                     |

### Ethnic Origin (Please tick the group which best identifies your ethnic origin or descent)

#### White:

- British   
Irish   
Any other White background

#### Asian or Asian British

- Bangladeshi   
Indian   
Kashmiri   
Pakistani   
Any other Asian Background

#### Black or Black British

- African   
Caribbean   
Any other Black background

#### Mixed Race

- White and Asian   
White and Black African   
White and Black Caribbean   
Any other Mixed background

#### Other Ethnic Groups

- Chinese   
Gypsy / Traveller   
Any Other background

### Residency:

- EU National   
A Refugee   
An Asylum Seeker  Decline to answer

### Religion / Belief (Please tick the appropriate box to describe your religion or belief)

- |                                    |                                      |  |
|------------------------------------|--------------------------------------|--|
| Buddhist <input type="checkbox"/>  | Muslim <input type="checkbox"/>      |  |
| Christian <input type="checkbox"/> | Sikh <input type="checkbox"/>        |  |
| Hindu <input type="checkbox"/>     | Other <input type="checkbox"/>       |  |
| Jewish <input type="checkbox"/>    | No Religion <input type="checkbox"/> | Decline to answer <input type="checkbox"/> |

### Sexual Orientation (Not required for under 16's)

- Heterosexual/straight  Lesbian/Gay woman  Gay man   
Bisexual  Decline to answer

Declined to fill in form

Thank you for completing this form