



# LIVERPOOL HOPE UNIVERSITY

ID No: _____
Expiry Date: _____
STAFF USE ONLY

## **Application for Visitor / Reference Membership of Liverpool Hope University Libraries**

*Please Note: Membership does not grant access to computers, WiFi or e-resources. Alumni should apply using Alumni/Teacher Alumni Form. If your home institution is a member of the Sconul Access Scheme you should apply for membership via the scheme and not as a visitor.*

Please complete this form using **BLOCK CAPITALS**

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Would you require assistance to leave the building unaided during an emergency evacuation?      Yes / No

If yes, please see our Generic Emergency Evacuation Plan (GEEP) on our website, a paper copy can be provided on request.

**\*\* Proof of ID and Address is required, along with passport photograph \*\***

**New Application**

**Renewal of existing membership**

Current ID Number \_\_\_\_\_

Please select which category of Visitor you are applying as:

**Local Resident** (3 items)       **Local Clergy / Trainee Clergy / Ordinand / Lay or Trainee Reader** (3 items)

**Teacher Visitor / Non Accredited NQT** (3 items plus 1 kit)  
**\*Proof of school is also required for Teacher Visitor\***

Please provide school address:

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

Postcode: \_\_\_\_\_

**Reference user** (no loan privileges)

Please give details of why you wish to apply \_\_\_\_\_

Please give details of your connections, if any, with the University.

**Ex-staff**       **Retired Staff**       **Other** (Please give details)

Department \_\_\_\_\_

End date \_\_\_\_\_

**We reserve the right to revoke Visitor / Reference User rights in the event of misbehaviour, damage, loss or debt relating to the University.**

I have read and agree to abide by the rules and regulations.

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

STAFF USE ONLY

Proof of I.D. shown       Visitor       Reference

Proof of Home Address shown

Proof of School Address       Staff Initials \_\_\_\_\_

**Please return completed form to:** The Sheppard-Worlock Library, Liverpool Hope University, Hope Park, Liverpool L16 9JD.