



Shoalhaven Libraries

Sanctuary Point Mobile Nowra Ulladulla Milton

HOME LIBRARY SERVICE APPLICATION FORM

The home library service is a free service provided by Shoalhaven Libraries and is for Shoalhaven residents who are temporarily or permanently housebound and unable to attend their local library for reasons of age, health or other incapacity. If you have any questions regarding the Home Library Service please contact the library on (02) 4429 3705.

Please Note: In order to receive this service a Doctor is required to fill out a section of this form (unless living in an aged care facility).

PERSONAL DETAILS

I am:

At home In an aged care facility

I am a member of Shoalhaven Libraries:

Yes No Member Number (If you are a member): _____

Title

Mr Mrs Ms Miss Other

Surname: _____ **Given name(s):** _____

Date of birth: ___/___/___

Address: _____

Suburb: _____ **Post Code:** _____

Home Phone: (__) _____ **Mobile:** _____

Email address: _____

Preferred contact method:

Home phone Mobile E-Mail

Emergency contact person:

Contact person for library to contact regarding deliveries and home library related matters:

Family member Carer Other _____

Surname: _____ **Given name(s):** _____

Address: _____

Suburb: _____ **Post Code:** _____

Home Phone: (__) _____ **Mobile:** _____

Email address: _____

Relationship: _____

I give permission for Shoalhaven Libraries delivery person to come onto my property for the sole purpose of delivering my order and I adhere to all library policies.

Signature: _____ Date: _____

Home Library Details

I would like:

Books Audio Books CDs DVDs Magazines

Amount of items I would like each delivery (you can borrow up to 40 books, & 10 CDS, DVDs, Audiobooks & magazines): _____

I like to read:

Normal print Large sized print Books on CD Playaway

Fiction Nonfiction

Fiction Genres I Like:

Australian Fantasy Historical Light Mysteries Literary / General Fiction Romance

Science Fiction Short Stories Thrillers War Westerns

Nonfiction Subjects I Like:

Art Biography Craft / Hobbies Gardening History Literature Nature Science Sport

Travel War

Music I Like: _____

DVDs I Like: _____

My favourite authors are: _____

I have a special interest in: _____

I do not want/like: _____

THIS SECTION TO BE FILLED OUT BY DOCTOR (IF NOT IN AGED CARE FACILITY)

I _____ certify that _____ is

Temporarily Permanently housebound and unable to attend the library due to reason of: Health

Age Other incapacity

Signature of Doctor: _____

Stamp:

Date: ___/___/___

Scan and e-mail this form to: library@shoalhaven.nsw.gov.au

Fax this form to: 4429 3727

Drop in directly to: Any Shoalhaven Libraries branch or the Bookmobile.