



MENTAL HEALTH EDUCATION AND RESOURCE CENTRE
Te Rakau Matauraka Whaiora me Ona Rauemi

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LIBRARY BORROWER FORM

Borrower Details

Name: _____

Home Address: _____

Phone - Home: _____ Business: _____

Cellphone Number: _____ E-mail: _____

PLEASE TICK IF YOU WOULD LIKE TO BE ADDED TO OUR EMAIL LIBRARY MAILING LIST FOR NEW RESOURCES.

IF YOU WOULD LIKE TO MAKE USE OF THE MHERC WEBSITE'S WWW.MHERC.ORG.NZ ONLINE ORDERING FACILITY, PLEASE PROVIDE A PIN OR PASSWORD HERE: _____

Secondary Contact (i.e. Someone not living with you)

Name: _____

Address: _____

Phone Number: _____

Ethnicity– (Optional - for statistical purposes only)

NZ European NZ Maori Pacific Island Asian European Other

How did you hear about us? (please State)

Terms and Conditions

- I agree to carefully look after the item(s) borrowed.
- I agree to return the item(s) on the date(s) indicated.
- I agree to being contacted by MHERC staff, through my own details or, if unsuccessful, my secondary contact details, to be reminded about any overdue item(s).
- I agree that I am liable for the costs associated with the damage or loss of any item(s) borrowed. MHERC reserves the right to take reasonable steps to secure the reimbursement of such costs.

I acknowledge that I have read and fully understood the terms and conditions outlined above and agree to be bound by them.

Signature: _____

Date: _____

For Office Use Only:

Information Input

Conditions Explained (Phone Contact)

Input By: _____

Borrower ID No _____ Library Card Produced Yes/No Borrower ID No. Advised: Yes/No