

INSTRUCTIONS FOR HOME READER SERVICE

To confirm your eligibility for the Home Reader Service a **doctor's letter** is required to accompany your application form, stating briefly that you are experiencing difficulties visiting the library on your own, **only if you are living independently**.

HOME READER APPLICATION FORM

1. Please complete all details for Borrower, Second contact and if applicable Aged care facility.

ITEM PREFERENCES FORM

2. Please make your selections from the following Categories:
 - Books
 - Magazines
 - CD Audio's & Playaways
 - DVD's
 - Music CD's

Playaways operate similarly to a CD player but are smaller and lighter. Your own headphones are required which we do not supply due to hygiene reasons.

NOTES TO HOME READER COORDINATOR

3. Please complete this sheet only if you require additional information about the Home Reader Service.

ADDITIONAL INFORMATION FOR NEW APPLICANT

4. Once you have completed the forms please put them in the replied paid envelope and post it back to the City of South Perth Library.
5. The Home Reader Coordinator will phone you and discuss the day and approximate time of your delivery once we receive the forms.

HOME READER SERVICE APPLICATION FORM

Borrower name: _____

Address: _____

Phone number: _____ Date of birth: _____

Independent living or Dependent living
(Doctor's letter required) (No doctor's letter required)

How often would you prefer your library delivery?

Fortnightly delivery or Monthly delivery

As a library borrower of the Home Reader Service, I agree I will take care of all library items I borrow and return them in good condition. I am aware that any items borrowed from the City of South Perth Library, will be my responsibility, while out on loan to me and I agree that any items lost or damaged may incur a fee.

Borrower to sign: _____ Date: _____

Second contact name: _____

Address: _____

Phone/Mobile number: _____

Email address: _____

Relationship: _____

Second Contact Details: given the borrower's personal circumstances, the library understands that the borrower may not be able to cover any potential debt. Therefore we request that as a second contact that you agree to take financial responsibility for any accounts that may arise and cannot be dealt with by the borrower indicated above in borrower name. Please sign below to agree to financial payment of any accounts incurred by the borrower.

Second contact to sign: _____ Date: _____

Aged care facility name: _____

Contact person first name & surname: _____

Address: _____

Contact phone numbers: _____

Email address: _____

ITEM PREFERENCES FORM

BOOKS: in the blank box indicate the quantity and large or normal print size .
In the non-fiction category please specify subject e.g. Australian history, biographies etc.

<input type="checkbox"/>	Action	<input type="checkbox"/>	Historical	<input type="checkbox"/>	Saga	Large print	<input type="checkbox"/>
<input type="checkbox"/>	Crime	<input type="checkbox"/>	Romance	<input type="checkbox"/>	Western	Normal print	<input type="checkbox"/>
<input type="checkbox"/>	Non-Fiction:						

MAGAZINES: in the small blank box indicate quantity, then specify type of magazines you like e.g. gardening, health, etc.

CD AUDIO'S & PLAYAWAY'S: in the box indicate the quantity. Please specify subject for non-fiction .

<input type="checkbox"/>	Action	<input type="checkbox"/>	Historical	<input type="checkbox"/>	Saga
<input type="checkbox"/>	Crime	<input type="checkbox"/>	Romance	<input type="checkbox"/>	Western
<input type="checkbox"/>	Non-Fiction:				

DVD's: in the boxes indicate quantity. For non-fiction specify subject.

<input type="checkbox"/>	Action	<input type="checkbox"/>	Biography	<input type="checkbox"/>	Comedy	<input type="checkbox"/>	Crime
<input type="checkbox"/>	Drama	<input type="checkbox"/>	Foreign	<input type="checkbox"/>	Horror	<input type="checkbox"/>	Musical
<input type="checkbox"/>	Romance	<input type="checkbox"/>	Sci-Fi / Fantasy	<input type="checkbox"/>	Western / War		
<input type="checkbox"/>	TV Series:						
<input type="checkbox"/>	Non-Fiction:						

MUSIC CD's: in the box please indicate quantity

<input type="checkbox"/>	Classical	<input type="checkbox"/>	Easy Listening	<input type="checkbox"/>	Jazz
<input type="checkbox"/>	Popular	<input type="checkbox"/>	Rock	<input type="checkbox"/>	World

