

# 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 Audios
  - DVDs
  - Music CDs

## NOTES TO LIBRARY VOLUNTEER SERVICES OFFICER

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 Library Volunteer Services Officer 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:** Please tick all genres you enjoy and indicate the number desired in the box to the right. In the non-fiction category please specify subject(s).

**Quantity Required**

<input type="checkbox"/>	Action	<input type="checkbox"/>	Historical	<input type="checkbox"/>	Saga
<input type="checkbox"/>	Crime	<input type="checkbox"/>	Romance	<input type="checkbox"/>	Western

**Large print:**

**Normal print**

Non-Fiction:

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

**CD AUDIOS:** in the box indicate the quantity. Please specify subject for non-fiction .

**Quantity Required**

<input type="checkbox"/>	Action	<input type="checkbox"/>	Historical	<input type="checkbox"/>	Saga
<input type="checkbox"/>	Crime	<input type="checkbox"/>	Romance	<input type="checkbox"/>	Western

Non-Fiction:

**DVDs:** in the boxes indicate quantity. For non-fiction specify subject.

**Quantity Required**

<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		

TV Series:

Non-Fiction:

**MUSIC CDs:** in the box please indicate quantity

**Quantity Required**

<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

