

REF: \_\_\_\_\_

## Document Supply / Inter-Library Loan request form

McArdle Library Education Centre Arrowe Park Hospital  Tel: 0151 604 7223 / Ext 8610 Email: wuth.lks@nhs.net	Please submit completed and signed forms to either library by hand, email or post.	Library Clatterbridge Cancer Centre  Tel: 0151 556 5299 / Ext 565299 Email: wuth.lks@nhs.net
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### ITEM DETAILS

I would like to request a: (please tick)	Book <input type="checkbox"/>	Journal article <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>
Journal / Book title			
Author(s)			
Year	Volume	Part	Pages
Article title			
ISBN/ISSN	Publisher/edition		

### YOUR DETAILS

Name			
Job title	Division (WUTH staff only)		
Work address			
Employing organisation or University			

#### I prefer to be contacted by (please tick and complete the relevant box below):

Email address <input type="checkbox"/>	
Phone / bleep <input type="checkbox"/>	

#### Terms and Conditions

- I have not previously requested, or been supplied with, a copy of the same material by you or by any other librarian, as this would be an infringement of copyright legislation.
- I agree that by submitting this request I am liable to pay any charges incurred within the limits which I have agreed to.
- I agree to become a member of the Library and Knowledge Service.

#### Copyright Declaration

Please supply me with a copy of the material detailed above which I require for the purpose of research for a non-commercial purpose or private study.

I declare that: I will not use the copy except for research, for a non-commercial purpose or private study and will not supply a copy of it, by any means, to any other person. To the best of my knowledge, no other person with whom I work or study has made, or intends to make, at or at about the same time as this request, a request for the same material for substantially the same purpose. If this item is delivered or was provided by an electronic method. I will retain only a single paper copy and destroy any electronic copies after printing.

I understand that if this declaration is false in any material particular, the copy supplied to me will be an infringing copy and that I shall be liable for this infringement of copyright as if I had made this copy myself. (This form will be retained for 6 years from the end of the year in which it is signed.)

#### I accept the Terms and Conditions and Copyright Declaration (please sign):

Signature		Date	
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**Please turn over →**

## CHARGES

Local networks / Library stock / Online	Free		
University of Liverpool / British Library	<b>Journal articles</b> (please tick below if you are prepared to pay the following amount) £10.92* <input type="checkbox"/>	<b>Book loans</b> (please tick below if you are prepared to pay the following amount) £14.65* <input type="checkbox"/>	<b>Book renewal</b> £4.85* *Charges subject to change

### CCC STAFF/STUDENTS ON PLACEMENT AT CCC

Clatterbridge Cancer Centre (CCC) staff and students do not pay personally for Inter-Library loans since this is covered by a Service level Agreement.

## OTHER OPTIONS

**Would you like us to let you know if you can access this item yourself before we order it?  
This may save you any cost incurred.**

- Yes**, please contact me before ordering if I can access this myself
- No**, please order this item anyway

**Would you like some training on accessing resources electronically?**

- Yes**, please contact me to arrange training
- No**, I would not like training

**Thank you for completing this form.  
Information submitted on this form is kept in compliance with the Data Protection Act 1998.**

## OFFICE USE ONLY

<u>Journal articles</u>	<u>Books</u>
Date started: _____	Date started: _____
<b>Sources searched: (Please tick)</b>	<b>Sources searched: (Please tick)</b>
Reference checked and verified <input type="checkbox"/>	Details checked and verified <input type="checkbox"/>
Online - Homepage <input type="checkbox"/>	Heritage <input type="checkbox"/>
Online – NHS Evidence <input type="checkbox"/>	LIHNN (NWOPAC) <input type="checkbox"/>
LIHNN <input type="checkbox"/>	University of Liverpool <input type="checkbox"/>
University of Liverpool <input type="checkbox"/>	British Library <input type="checkbox"/>
British Library <input type="checkbox"/>	
<b>Entered onto spreadsheet</b> <input type="checkbox"/>	<b>Entered onto spreadsheet</b> <input type="checkbox"/>
Notes:	Notes:
Date finished: _____	Date finished: _____
Staff Initials: _____	Staff Initials: _____