KnowledgeShare

- **What it is:** our targeted current awareness service. Whenever we find high impact publications in your area, we'll let you know.
- **Why use it:** to see the latest high-level evidence in your field.
- **How it works:** we create your KnowledgeShare profile to be as broad as you need or more specific—whichever suits you. For example, you could receive everything published on obstetrics or limit down to just receive things related to gestational diabetes.
- **The Content:** KnowledgeShare contains policy documents and a wide range of summarised evidence so that **you will not be inundated** with primary research articles.

List your professional and/or research interests: This information is used to notify you about new resources in your area. Please be as comprehensive and specific as you like**.**

Indicate Condition(s)/Risk factors

Age groups (please indicate)

Neonates   Children & Adolescents   Adults   Elderly

Settings

Other

May we make your contact details and interests visible to all members of KnowledgeShare in order to promote knowledge sharing, in accordance with the Data Protection Act (1998)?

or would you prefer this information only be visible to:

Signed:…………………………………………………

| other members in your organisation? |
| only library staff? |

Are you interested in the following services offered by the library?
➢ *If you answer yes to any of these we will contact you with further information*

Training	
➲ Searching Online Resources ➲ Literature Searches ➲ Return to Study ➲ Critical Appraisal	Yes/No Yes/No Yes/No Yes/No
➲ Mediated Literature search services (for patient care and research)	Yes/No
➲ Did you know we have thousands of e-books and e-journals available on Clinical Key https://www.clinicalkey.com/ Would you like further information on this resource?	Yes/No
➲ Is there anything else the library can help you with? *Details:*	Yes/No

Library Registration Form

PIN	Membership Number

Please complete **using capital letters** and return to any of the Trust Libraries. The information you provide on joining the library is held on the library management system database. It will only be used for legitimate library processes by library staff or a third party to facilitate an effective service. Your consent to our holding this information, required by Data Protection legislation, is assumed when you sign the membership form. Please bring your card when you use any of the Trust libraries.

PERSONAL DETAILS

Family Name……………………………………………….........……………….   **Title**………………

Given Name (s)………………………………………………………………..

Home Address……..

……………………………………………………………………   **Home Phone**…………………………

Preferred email contact:…………………………………………………. **Mobile:**…………………………………
 I confirm that the Trust Libraries can use this mobile number to send me reminders via text message.

WORK DETAILS

Job Title …………………………………………………………………………….

Employer/University……………………………………………………………

Department……………………………………………… **Work Address** …………………………………………….

……………………………………………………………**Work Phone**……………………………..

Leaving Date………………………………..

Temporary Address (if applicable) …………………………………………………………………………………..

……....

DECLARATION
I agree to take responsibility for all items I borrow from the Trust libraries. I have read the library regulations and agree to return all the items I borrow. I will notify the library if I change any details listed on this form, and I will report the loss of any items I have borrowed.

Signed…………………………………………………………   **Date**…………………………………………………….

OPTIONAL SERVICE: 24 HOUR ACCESS

I wish to have access to the library services out of hours: **YES/ NO**
I have **read, understood and agree** to the Terms and Conditions for accessing the library out of hours

Signed……………………………………………………………   **Date**………………………………………………………..

[MAIDSTONE: £5 Deposit: Cash/Cheque   **FOB No:**……………………………**]**

[TUNBRIDGE WELLS: Security Card Number:……………………………………..**]**