

WINTON LIBRARY MEMBERSHIP APPLICATION FORM (Child/Young Person)

Winton Shire Council (Council) is the provider of this Public Library service. Council is committed to offering a welcoming, inclusive and stimulating environment where a love of reading is nurtured, and where library users can meet their educational, information and recreational needs.

Operational hours: Monday to Friday 9.30am – 4.30pm, Saturday 9:30 – 11:30 (Closed Sundays)

Fees/Charges: Membership is free.

Our Mission: To build and enrich our community through sustainable library services, supporting and promoting quality learning, lifestyle and diversity.

CHILD/YOUNG PERSON DETAILS – PLEASE PRINT CLEARLY

Surname:		Given Name:	
Date of Birth:		Male/Female:	

PARENT / GUARDIAN DETAILS

Surname:		Given Name:	
Residential address:			
Mailing address:			
Mobile number:		Email address:	

DECLARATION TO BE READ AND SIGNED BY THE PARENT / GUARDIAN

I acknowledge that I am responsible for the child/young person listed above. I acknowledge that I have read and understood the **Library Membership Policy**, and I agree to:

- Abide by the policy requirements.
- Be responsible for all items that my child/young person has borrowed using their Library Card.
- Pay for all charges pertaining to overdue, lost or damaged items.

Note: The non-return of library items will result in Council taking appropriate Legal action to recover same.

INTERNET USAGE / OTHER LIBRARY PROGRAMS / PHOTOGRAPHY**CONSENT
Y or N**

Internet:	Persons under the age of 18 years wishing to use the internet service provided by the library, requires the permission of their parent/guardian. As the parent / guardian you are responsible for the suitability of information accessed by your child/young person in your care. Please indicate that you consent to your child/young person using the internet service.	
Other Programs:	Please indicate if you consent to your child/young person using the following library services – Storytime, holiday programs.	
Photography:	Staff may take photos of children during library activities for promotional purposes, to be displayed in the library or on social media. Please indicate for the consent of Council using your child's name, image and likeness.	
Parent / Guardian Name:		Parent / Guardian Signature:

Phone 07 4657 2666
Fax 07 4657 1342
Email ceo@winton.qld.gov.au
Address PO Box 288
 Winton, QLD, 4735

PRIVACY NOTICE: Winton Shire Council is collecting the personal information you supply on this form for the purpose of processing the application. Your personal details will not be disclosed to any other person or Agency external to Council without your consent unless required or authorised by law.



LIBRARY USE ONLY			
Borrower ID No:		Driver's License No:	
<input type="checkbox"/> Concession Card No.	<input type="checkbox"/> Credit Card:	<input type="checkbox"/> Medicare Card No.	<input type="checkbox"/> Other.....
Staff Name:			
Staff Signature:			
Date:		Date entered:	



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