HOME LIBRARY SERVICE APPLICATION FORM

Statement of Eligibility

The Wollongong City Libraries Home Library Service provides library materials to residents of Wollongong who are unable to visit a library in person. To be eligible for the Home Library Service you must:

- live within the Wollongong City Council area
- be unable to access library services due to frailty, long term illness or disability
- have sole full time care or responsibility for a person who is housebound due to frailty, long term illness or disability and have no-one else who is able to visit the library for you

To apply for the Home Library Service please fill out the details below and on the back then return it to any branch of Wollongong City Council Library Service.

A Home Library Service staff member will contact you to discuss your eligibility.

Title Mr / Mrs / Ms / Miss / Dr / Other ....

Name: ....

Address: ....

.... **Postcode:** ....

Phone: .... **Mobile:** ....

Borrower Number: .... **Date of Birth:** ....

Signature: .... **Date:** ....

Emergency Contact Name: ....

Emergency Contact No:...

How did you find out about the Home Library Service?

Word of mouth ☐   Referral by a Health or Community Worker ☐

Library Staff ☐   Other ☐

Note: The back of this form needs to be completed.

- **If you live at home or in a self-care retirement village please complete section A.**

- **If the applicant lives in an aged care facility please complete section B.**

SECTION A

Part 1: TO BE COMPLETED BY A HEALTH CARE PROFESSIONAL

Name: ....

Position: ....

Organisation: ....

Address: ....

Signature: ....

I recommend that ....,
(name of applicant)

whose ☐ frailty ☐ illness ☐ disability confines them to home, be registered

with the Wollongong City Council Home Library Service.

Part 2: PERMISSION TO ENTER PREMISES

I give permission for any duly authorised Home Library Service Representative to enter the premises of the address given on the first page of this form for the purpose of delivering library services.

Signature: .... **Date**: ....

SECTION B: to be completed by a representative of the Aged Care Facility

I recommend that the applicant be registered with the Wollongong City Council Home Library Service as they are a resident of our aged care facility.

Aged Care Facility: ....

Name: ....

Position: ....

Signature: .... **Date:** ....