

Phone : 6641 0100

Email: homelibraryservice@clarence.nsw.gov.au

1. Library Customer Details

Name _____ DOB _____

Address _____

Suburb _____ State _____ Postcode _____

Phone _____ Email _____

Aboriginal/TSI Y / N Language spoken if not English _____ Male / Female

- * I am unable to visit the library and wish to apply for the Home Library Service
- * I give permission for a representative of the library to enter the premises if necessary
- * I accept responsibility for items borrowed including payment for lost or damaged items

Signature: _____ Date: _____

2. Contact Details – a relative or aged care recreational coordinator is preferred

Additional Contact Person: _____

Phone: _____ Relationship: _____

3. Certificate of Incapacity – to be completed by Doctor or Aged Care Worker

I certify that _____ is housebound and unable to personally visit the library.

The period of incapacity is: permanent / or for a period of _____ months

Name _____

Signature _____ Date _____

1. Circle how many you would like to be delivered each fortnight

Standard Print Books	1	2	3	4	5	6	7	8	9	10
Large Print Books	1	2	3	4	5	6	7	8	9	10
MP3 Audio Books	1	2	3	4	5	6	7	8	9	10
DVDs	1	2	3	4	5	6	7	8	9	10
Magazines	1	2	3	4	5	6	7	8	9	10

2. Select an option

Hard cover or soft cover books

Soft cover books only

3. Select your reading preferences

Detective / Crime

- Traditional
- Contemporary

Mystery

Thriller

Adventure

Spy

Romance

- Historical
- Contemporary
- Australian rural

Family Sagas

- Historical
- Contemporary

War

Westerns

Short stories

Science Fiction

Fantasy

Classic Fiction

Biography

- Celebrities
- Political
- Other

Politics

Sports

History

- Ancient
- Modern
- Australian

Religion

Travel

War in general

- Australian conflicts

Gardening

Craft

Art

Health

4. Let us know specific authors/titles/series you have read:

Authors / Books I like

Authors / Books I don't like
