




# I'm going to Eccleston Library, St Helens



For our eBooks, digital comics  
and magazines, please visit:  
[www.sthelens.gov.uk/ebooks](http://www.sthelens.gov.uk/ebooks)

 **STHLibraries**  **@STHLibraries**  **@sthlibrariesandarts**

## Before I go to the library

I'm going to Eccleston Library



If I am nervous about going I can talk to someone and ask questions first  
I can call **01744 677575**



I can ask a member of Library staff for a tour of the library





## About the library

There are people who work at the library who I can talk to.

If I see a person wearing a red ribbon with Library Staff on it then they can help me



The library is usually a quiet place where people talk quietly, relax and read books



Sometimes it might be noisy. If it is noisy I can talk to a librarian.

Ask about our ear defenders – these might help if it's noisy!



## How I become a member of the library

When I get to the library I will see a desk

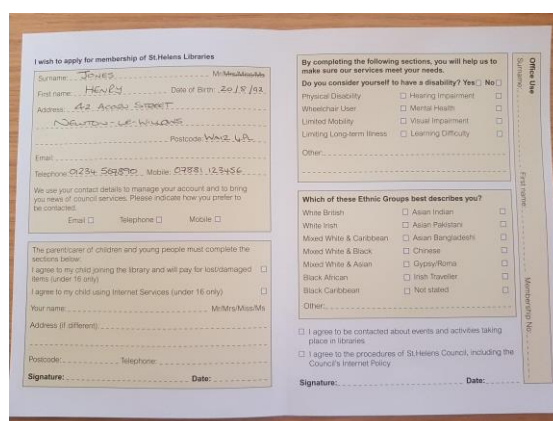


I will talk to someone who works there to become a member of the library.

If I see a person wearing a red ribbon with Library Staff on it then they can help me



I will tell them my name, address, date of birth, telephone number and email address



I wish to apply for membership of St. Helens Libraries

Surname: JOHNS M/Ms/Ms/Ms/Ms  
 First name: HENRY Date of Birth: 20/12/92  
 Address: 42 ADELPH STREET  
ROBERTSON-LE-VALE Postcode: WA2 4PA  
 Email: \_\_\_\_\_ Telephone: 01274 569890 Mobile: 07881 123456

We use your contact details to manage your account and to bring you news of council services. Please indicate how you prefer to be contacted.  
☐ Email ☐ Telephone ☐ Mobile

The parent/carer of children and young people must complete the sections below:  
 I agree to my child joining the library and will pay for lost/damaged items (under 16 only) ☐  
 I agree to my child using Internet Services (under 16 only) ☐  
 Your name: \_\_\_\_\_ M/Ms/Ms/Ms  
 Address (if different): \_\_\_\_\_  
 Postcode: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By completing the following sections, you will help us to make sure our services meet your needs.  
 Do you consider yourself to have a disability? Yes ☐ No ☐  
 Physical Disability ☐ Hearing Impairment ☐  
 Visual Impairment ☐ Mental Health ☐  
 Limited Mobility ☐ Visual Impairment ☐  
 Learning Long-term Illness ☐ Learning Difficulty ☐  
 Other: \_\_\_\_\_

Which of these Ethnic Groups best describes you?  
 White British ☐ Asian Indian ☐  
 White Irish ☐ Asian Pakistani ☐  
 Mixed White & Caribbean ☐ Asian Bangladeshi ☐  
 Mixed White & Black ☐ Chinese ☐  
 Black African ☐ Gypsy/Roma ☐  
 Black Caribbean ☐ Irish Traveller ☐  
 Other: ☐ Not stated ☐

☐ I agree to be contacted about events and activities taking place in libraries.  
☐ I agree to the procedures of St. Helens Council, including the Council's Internet Policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

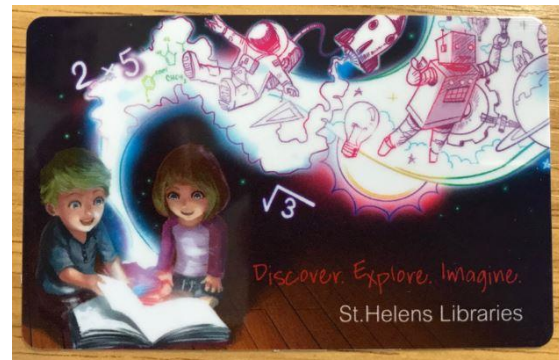
Office Use  
 Date: \_\_\_\_\_  
 Initials: \_\_\_\_\_  
 Membership No: \_\_\_\_\_

I will show them one form of identification which has my address on it. This can include a driving licence, bank statement, or household bill.



I will sign a form. This makes me a member of the library and I will be given a library card.

My parent or carer will also be asked to sign this form.





## When I visit the library

In the library there will be shelves of books and DVDs



I can sit in a chair to read a book



I can borrow a book or a DVD and take it home with me



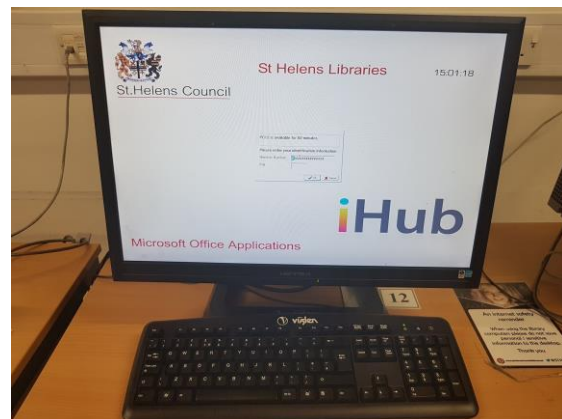
If I want to borrow a book I will talk to a member of the library staff



The staff will show me how to borrow the book or DVD and tell me when I need to bring it back to the library



The library will also have some computers. The computers are free to use



To use the computers I will need to talk to a member of staff who will help me use one.



When I am ready to go home I will leave the library.

