





I'm going to Moss Bank Library, St Helens



For our eBooks, digital comics
and magazines, please visit:
www.sthelens.gov.uk/ebooks

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

<h2 style="text-align: center;">Before I go to the library</h2>	
<p>I'm going to Moss Bank Library</p>	
<p>If I am nervous about going I can talk to someone and ask questions first I can call 01744 677988</p>	
<p>I can ask a member of Library staff for a tour of the library</p>	

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

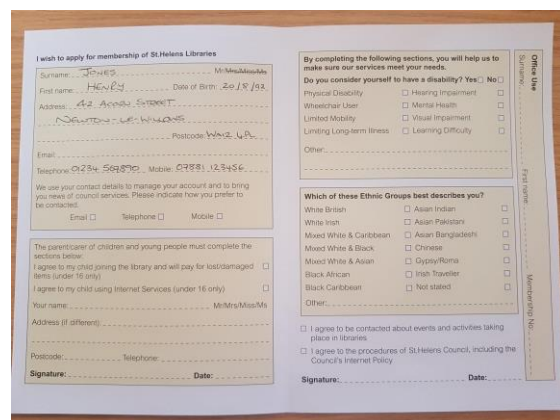


I will talk to someone who works there to become a member of the library.

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: JONES M: Mr/Ms/Ms/Ms/Ms
 First name: HENRY Date of Birth: 20/10/93
 Address: 42 ANSON STREET
NEWTON-LE-WILLOWS Postcode: WA4 4PA
 Email: _____
 Telephone: 01234 56789 Mobile: 0789 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: Mr/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
 Wheelchair User Mental Health
 Limited Mobility Visual Impairment
 Living 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
 Mixed White & Asian Gypsy/Roma
 Black African Irish Traveller
 Black Caribbean Not stated
 Other: _____

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: _____

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, CDs and DVDs



I can sit in a chair to read a book



I can borrow a book or 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.

