

CHILDREN/YOUNG PEOPLE Membership Application Form to join all Kensington and Chelsea libraries

Membership is **free**. Please complete this form in CAPITALS. You will need to present it to a member of library staff with one official document proving your name and address. **Thank you.**

Family name: _____ **First name:** _____

Address: _____

Post code: _____

Telephone No: _____ **Mobile No:** _____

Email address: _____ **Date of birth:** _____

Are you a: ☐ Boy ☐ Girl

Do you have a disability? ☐ Yes ☐ No

If yes, what is the nature of your disability? ☐ Physical ☐ Mobility ☐ Hearing ☐ Visual ☐ Other

Please tick the box which best describes your ethnicity:

- | | |
|---|--|
| <input type="checkbox"/> Asian/Asian British – African Indian | <input type="checkbox"/> Mixed – White and Black African |
| <input type="checkbox"/> Asian/Asian British – Bangladeshi | <input type="checkbox"/> Mixed – White and Black Caribbean |
| <input type="checkbox"/> Asian/Asian British – Indian | <input type="checkbox"/> Mixed – Any other |
| <input type="checkbox"/> Asian/Asian British – Pakistani | <input type="checkbox"/> Moroccan Arab |
| <input type="checkbox"/> Asian/Asian British – Any other | <input type="checkbox"/> Other Arab |
| <input type="checkbox"/> Black/Black British – African | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Black/Black British – Caribbean | <input type="checkbox"/> White - British |
| <input type="checkbox"/> Black/Black British – Any other | <input type="checkbox"/> White - Irish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> White – Other European |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> White – Any other |
| <input type="checkbox"/> Mixed – White and Asian | <input type="checkbox"/> Any other |

If you are under 16, please ask your parent or guardian to fill in this section.

I am the parent or guardian of the applicant. I certify that the details are correct and I accept responsibility for items borrowed.

Name: _____

Signature: _____ **Date:** _____

I give permission for my son/daughter to use the internet at the Library.

YES/NO (please delete as appropriate)

STAFF USE ONLY:

Are you aware of Bookstart: ☐ Yes ☐ No

Have you received your Bookstart pack: ☐ Yes ☐ No

Card Number: _____

Patron Type: _____

Staff name: _____



THE ROYAL BOROUGH OF
**KENSINGTON
AND CHELSEA**