|  |  |  |
| --- | --- | --- |
|  | **Inter-Library Request Form****Journal Article** |  |

**Your details** (please write clearly)**:**

|  |  |
| --- | --- |
| First Name: | Last Name: |
| Email Address: | Phone / Mobile: |

**Article details:**

|  |
| --- |
| Article Title: |
| Author(s): | Journal Name: |
| Year: | Volume: | Part/Issue: | Pages: |

**Charges:**

Depending where we can source the article from charges may apply. We will always obtain copies from the cheapest source possible. Please tick to confirm which level of charges you are willing to pay:

* **Free** – all articles sourced from **elsewhere**, except the British Library
* **£11** – articles sourced from the **British Library (BL)** (must be paid prior to requesting from the BL)

**Delivery preference:** (where available, depending on supplying library)

* **Email**
* **Collect from library** (default method when email is not available)

**Copyright Declaration: (must be signed for articles supplied from outside the NHS)**

I declare that: (please tick)

* I have not previously been supplied with a copy of this by you or any other librarian;
* I will not use the copy except for research for a non-commercial purpose or private study and will not supply the copy to any other person; and
* To the best of my knowledge, no other person with whom I work or study has made or intends to make, at or about the same time as this request, a request for substantially the same material for substantially the same purpose.

I understand that if the declaration is false in a material particular, the copy supplied to me by you will be an infringing copy, and that I shall be liable for infringement of copyright as if I had made the copy myself.

We are committed to safeguarding your personal information. The personal information you provide will only be used to supply you with the item requested above. We will not share your information, unless we are audited by the Copyright Licencing Agency (CLA). To comply with copyright law we must keep your information for 5 years.

* I agree to my personal data being held for the purposes described above.

Signed: ……………………………………………………………………………………. Date: …………………………………………

**Library Use Only**

|  |  |
| --- | --- |
| **Library card no:** | **Name:** |
| **Date request received:** | **Date supplied:** |

* Available within the NHS – requested from:

|  |  |  |
| --- | --- | --- |
| **Applied to:** | **Requested on:** | **Notes:** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.**  |  |  |

* Available from elsewhere – requested from:

|  |  |  |
| --- | --- | --- |
| **Applied to:** | **Requested on:** | **Notes:** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |

**Charges**

* **No charge**
* **Paid**

**Delivery**

* **Emailed on: ………/………/………**
* **Contacted to inform article is ready for collection on: ………/………/………**

**Collected on: ………/………/………**

**Statistics**

* **Request marked on statistics sheet**