

Library user agreement

User agreement for document supply requests made via electronic mail

Personal information

First name _____

Surname _____

Email addresses

Primary _____

Secondary _____

Declaration

Agrees with the Library that:

1. All copies requested by me under this agreement are required for the purpose of the research or study, will not be used for any other purpose, and have not previously been supplied to me by the library.
2. The declaration in clause 1 applied to all requests made by me in accordance with clause 5.
3. The library may treat as signed by me any e-mail request and declaration made under subsection 49(1) of the Copyright Act 1968 records that it was sent from my email address
4. I understand that it is an offence under section 203F of the Act to make a declaration under section 49 that I know, or ought reasonably to know, is false or misleading in a material particular, and I will not allow any requests to be signed in a manner provided under clause 3(above) without my authority.
5. All e-mail requests and declarations must include at least the following declaration as well as the requestors college ID:

This request is made pursuant to my user agreement with the Library - Australian and New Zealand College of Anaesthetists.

I declare that any copy requested is required for the purpose of research or study, will not be used for any other purpose, and has not previously been supplied to me by the library.

Signature _____

Date _____

Please send the completed form and required documentation to fpm@anzca.edu.au or mail it to:

Faculty of Pain Medicine
PO Box 6095
St Kilda Road Central, VIC 8008