**Library Registration Form**

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| **Please fill in BLOCK LETTERS** | |
| Title (Mr/Ms/Mrs/Other) |  |
| Name |  |
| Surname |  |
| ID No/Passport No |  |
| Date of Birth (dd/mm/yyyy) |  |
| Address |  |
| Telephone No. |  |
| Mobile No. |  |
| MCAST email |  |
| Personal email |  |
| Institute |  |
| Course |  |
| Student/Lecturer/Staff |  |
| Full-time/Part-time |  |

I declare that the information given in this form is correct. Incorrect data may disqualify this application. I agree that the information may be shared with different departments within MCAST. Personal Information provided in this form is protected and used in accordance with the provision of the General Data Protection Regulation and the local Data Protection Act (GDPR). The information requested will only be used for record and management purposes by MCAST.

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Signature Date

-----------------------------------for office use-----------------------------------

Initials: Date: