

## IRISH HEALTHCARE LIBRARIES INTER LIBRARY LOAN REQUEST

<b>LIBRARY DETAILS: INO - Please complete this form and return to INMO Library by Post or Fax.</b>	
LIBRARY IRISH NURSES & MIDWIVES ORGANISATION NORTH BRUNSWICK STREET DUBLIN 7	TEL: 01 6640614/ 6640625
	FAX: 01 6615012

<b>REQUEST DETAILS</b>				
JOURNAL TITLE:				
YEAR:	VOL:	PART/No:	PAGES:	SUPPL:
AUTHOR:				
ARTICLE TITLE:				
SOURCE OF YOUR INFORMATION:				

<b>REQUESTED BY:</b>		<b>INO NUMBER:</b>	
NAME:		DAYTIME TEL:	
ADDRESS / DEPT.:		EMAIL:	
		MOBILE:	
		DATE OF REQUEST:	

### COPYRIGHT DECLARATION

#### Copying of Protected Material by Librarians and Archivists for the Purpose of Research and Private Study (Copyright and Related Rights Act, 2000 and SI 427 of 2000)

In accordance with Section 59 of the Copyright and Related Rights Act 2000, a librarian must be satisfied as to certain matters before making or supplying a copy of works for research or private study, without paying a copyright fee. In accordance with this requirement, the person requesting the copy is required to sign this declaration.

I declare that (Tick 3 1, 2, or 3 as appropriate)

1.  I have not previously been supplied with a copy of the same material by you or any other librarian or archivist.

**OR**

2.  I have previously been supplied with a copy of the same material but that copy has since been **lost / stolen / discarded / destroyed** (delete as appropriate).

**OR**

3.  I have previously been supplied with a copy of the same material but a reasonable period of time has elapsed, to wit \_\_\_\_\_ (insert time)

**AND**

I will **only** use the copy for research or private study and not for commercial gain and will not supply a copy of it to any other person;

To the best of my knowledge, no more than two other persons with whom I work or study have made or intend to make, at or about the same time as this request, a request for substantially the same material.

I understand that if this declaration is false in any 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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Personal signature **by the hand** of the person making the request. The signature of an agent cannot be accepted.)

OFFICE USE ONLY					
TO	CODE	DATE SENT	DATE RECVD	STATS ENTERED	FEE:
IHL					PAID:
OTHER					NOTE: