

Listening Books Application Form

To apply for the Listening Books scheme, please either complete this form, telephone 020 7407 9417 or email lbarling@listening-books.org.uk. Reading the notes on the left of each part first will help you to complete the form.

	First name Sumame
PART A	
Your contact information	Email Address
	Telephone Number
	Address
PART B	Date of Birth
A little more about you and	What types of illnesses, disabilities, learning or mental
what prevents you from	health issues do you deal with?
accessing books	

Part C	Please select the book genres you like:				
. 3 3	Biography/Autobiography	Novels			
We will include the types of books that you are interested in where	Crime, Thriller and Mysteries	Romance			
	Children's Fiction	Science Fiction and Fantasy			
	Young Adult and Teen Fiction	Self-Help			
possible. Please let us	Family Saga	History			
know what these are	General Non-Fiction	Mind, Body and Spirit			
	Historical Novels				
PART D Terms of use agreement Please read, sign and date the form	'I confirm that the tablet will only be used by me. I understand Listening Books' audiobooks must not be modified, copied, reproduced, transferred, distributed, leased, licensed or publicly performed in any way and are lent to users for their own non-commercial use only. I understand that the tablet will continue to be the property of Listening Books and, if possible, will be returned to Listening Books on termination of the membership. All (reasonable) attempts have been made by Listening Books to protect the tablet from misuse, however Listening Books accepts no liability for any inappropriate content accessed outside of the restrictions set by Listening Books, due to tampering with its settings or any other occurrence. I understand that Listening Books accept no liability for any injury, illness or infection sustained whilst using / misusing any Listening Books equipment.' This agreement remains in force as long as you are a member of Listening Books. Signature: Print Name: Date:				