

Henry Parkes Equity Resource Centre Membership form



Email to EquityResourceLibrary@det.nsw.edu.au

Please complete all *mandatory fields.

Contact information

*First name

*Last name

*Email

*Private address (street)

*Suburb

*State

*Postcode

*Phone/Mobile

*School/Office

*Address (street)

*Suburb

*State

*Postcode

*Phone/Mobile

Area of employment (tick those appropriate)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Early childhood | <input type="checkbox"/> Special Education | <input type="checkbox"/> DoE State Office | <input type="checkbox"/> Education officer |
| <input type="checkbox"/> Primary | <input type="checkbox"/> Education Principal | <input type="checkbox"/> Teacher | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Secondary | <input type="checkbox"/> Academic staff | <input type="checkbox"/> Librarian | |
| <input type="checkbox"/> University | <input type="checkbox"/> Executive | <input type="checkbox"/> Director | |
| | <input type="checkbox"/> Student (ID: _____) | | |

Membership details (Please tick)

- | | |
|---|-------------------------------|
| DoE employees | <input type="checkbox"/> Free |
| University students enrolled in teacher education courses | <input type="checkbox"/> Free |
| Teacher education academic staff in universities | <input type="checkbox"/> Free |
| Teachers at Community Languages Schools | <input type="checkbox"/> Free |

*I have read the [information for borrowers](#) and agree with the conditions of use.

*Signature

*Date

[Contact
information](#)

T 8808 1177

