

Section 5: Equipment

Our audiobooks come in standard 2-track cassette format, standard CD format, and MP3 or DAISY CD format.

If you do not have a cassette or DAISY player, the library has a limited number of easily-operated players loaned to audiobook customers, free of charge, for a three-month period.

There might be a long waiting period before you will receive the equipment.

- I would be interested in borrowing a cassette player for three months.
- I would be interested in borrowing a DAISY player for three months.

PLEASE RETURN YOUR COMPLETED FORM TO YOUR LOCAL LIBRARY BRANCH OR:

READ-Ability Services Surrey Libraries

Email: libraryoutreach@surrey.ca
Phone: 604 598 7399
Fax: 604 598 7421



10350 University Drive
Surrey, BC V3T 4B8

*Registration information is collected under the Library Act and in accordance with the freedom of Information and Protection of Privacy Act. The information provided will be used for matters relating to the circulation of library materials, debt collection, administrative statistics and to inform you of library programs, services and fundraising activities.

**Competent authority is defined to include doctors of medicine, ophthalmologist, optometrists, registered nurses, registered therapist, professional staff of hospitals, institutions and public or welfare agencies (e.g. social workers, case workers, counselors, home teachers and superintendents). In the case of reading disability from organic dysfunction, "competent authority" is defined as doctors of medicine who my consult with colleagues in associated disciplines.

**If you have any questions about the collection and use of this information
please contact the Manager of Read-Ability Services at 604-598-7396**



10350 University Drive
Surrey, BC, V3T 4B8
libraryoutreach@surrey.ca

Phone: 604 598 7399
Fax: 604 598 7421

APPLICATION FOR READ-ABILITY SERVICES *Including Audiobooks and Home Delivery Service*

PART 1: Personal Information *

First Name: _____ Last Name: _____

Address: _____ Gender: ___ Male ___ Female

Name of Care Facility (if applicable): _____ Room #: _____

City: _____ Postal Code: _____ Phone: _____

Date of Birth: _____ Email: _____

Nature of Disability: _____

CNIB #: _____

Secondary Contact: _____ Phone: _____

Customer Authorization

I give Surrey Libraries permission to keep a list of books delivered to me in order to avoid duplication of deliveries. I agree to be responsible for all materials delivered to me and to abide by the rules and regulations of Surrey Libraries.*

Signature: _____ Date: _____

For children 12 years of age and under, a parent's signature is also required.

Parent/Guardian Signature: _____ Date: _____

PART 2: Delivery Service

PLEASE TELL US HOW YOU WOULD LIKE YOUR LIBRARY MATERIALS DELIVERED.

Branch pick-up (Library materials are sent and returned through you local library branch)

At which branch would you like to pick up your materials?

Guildford Fleetwood Newton Semiahmoo Ocean Park

Port Kells Strawberry Hill Cloverdale City Centre

Home Delivery via library volunteers

PART 3: Eligibility For Audiobook Service

Audiobooks provided by Surrey Libraries are for the sole use of customers with perceptual disabilities, as required by the Canadian Copyright Act for materials produced in alternate formats.

“Perceptual disability” means a disability that prevents or inhibits a person from reading or hearing a literary, musical, dramatic, or artistic work in its original format, and includes such a disability resulting from:

- (a) severe or total impairment of sight or hearing or the inability to focus or move one’s eyes,
- (b) the inability to hold or manipulate a book, or
- (c) an impairment relating to comprehension.

Impairment is defined as any loss or abnormality of psychological, physiological or anatomical function.

I certify that I qualify for service as defined above. I understand that the library reserves the right to ask for verification at any time from a competent authority**.

Signature: _____

(Parent or guardian’s signature is required if applicant is under the age of 14)

Date: _____

PART 4: Reading Profile

PLEASE CHECK ALL THE TYPE OF MATERIALS YOU WOULD LIKE TO RECEIVE:

- Audiobooks
- Large Print
- Regular Print
- Paperbacks
- Music CDs
- Magazines
- Videos/DVD’s

Do you have a cassette player? Yes ___ No ___
 Do you have a CD player? Yes ___ No ___
 Do you have a DAISY player? Yes ___ No ___

Reading Preferences

TO HELP READ-ABILITY STAFF CHOOSE BOOKS TO SUIT YOUR TASTE, PLEASE CHECK ALL THE SUBJECTS THAT YOU ARE INTERESTED IN. YOU MAY ALSO MAKE SPECIFIC REQUESTS.

- | | | |
|---|---|--|
| <p>FICTION</p> <ul style="list-style-type: none"> <input type="checkbox"/> General Fiction <input type="checkbox"/> Best Sellers <input type="checkbox"/> Classics <input type="checkbox"/> Historical Fiction <input type="checkbox"/> Family Sagas <input type="checkbox"/> Christian Fiction <input type="checkbox"/> Fantasy <input type="checkbox"/> Science Fiction <p>ROMANCE</p> <ul style="list-style-type: none"> <input type="checkbox"/> British <input type="checkbox"/> Contemporary <input type="checkbox"/> Historical <input type="checkbox"/> Romance Suspense <p>MYSTERY</p> <ul style="list-style-type: none"> <input type="checkbox"/> British <input type="checkbox"/> American <input type="checkbox"/> THRILLER <input type="checkbox"/> ADVENTURE | <p>NON-FICTION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Animal Stories <input type="checkbox"/> Science <input type="checkbox"/> Nature <input type="checkbox"/> World Wars <input type="checkbox"/> Sports <input type="checkbox"/> True Crime <input type="checkbox"/> Politics and Government <input type="checkbox"/> Philosophy <input type="checkbox"/> Self-Help <input type="checkbox"/> Religion/Spirituality <input type="checkbox"/> History <input type="checkbox"/> Travel <input type="checkbox"/> Humour <p><input type="checkbox"/> BIOGRAPHIES</p> | <p>READER’S DIGEST</p> <ul style="list-style-type: none"> <input type="checkbox"/> Large Print <p>JUVENILE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fiction <input type="checkbox"/> Non-Fiction <p>My Favourite Authors are:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|---|---|--|

IF POSSIBLE, I WOULD PREFER NOT TO RECEIVE BOOKS THAT CONTAIN:

- Strong Language
- Violence
- Explicit descriptions of sex

I would like (number of) _____ books per four week period.
 (The average book is approximately 10 hours listening time.)