

# RCN Library Photocopying Service Request and Copyright Declaration Form

## PAYMENT WITH ORDER IS REQUIRED

Please fill in this form if you would like to request photocopies of journal articles.

Name..... Ms/Mrs/Miss/Mr Date.....

RCN number ...../Non member (delete non-applicable)

Address .....

.....

Post code.....Phone Number.....

### **COPYRIGHT DECLARATION** as required by current copyright law:

Please supply a copy of the article(s) listed overleaf.

I declare that:

- a) I have not previously been supplied with a copy of the same material by you or any other librarian;
- b) I will not use the copy except for research *for a non-commercial purpose* or private study, and I will not supply a copy of it to any other person; and
- c) to the best of my knowledge, no other person with whom I work or study has made or intends to make, at or about the same time as this request, a request for substantially the same material for substantially the same purpose.

I understand that if the declaration is false in a 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.

Signature..... (This must be the personal signature of the person making the request. A stamped or typewritten signature, or the signature of an agent, is not acceptable)

**UNDER CURRENT COPYRIGHT LAW IT IS NOT PERMITTED TO COPY MORE THAN ONE ARTICLE IN THE SAME ISSUE OF A JOURNAL FOR THE SAME PERSON**

### **CHARGES:**

Charges to members

£2.00 per article held at the RCN  
£4.00 per article not held at the RCN (Members)  
£4.00 per book not held at the RCN

Charges to non members and to libraries

£5.00 per article held at the RCN  
(British Library accounts can also be used)  
£8.00 per article for non members overseas

Payment should be in sterling drawn on a UK bank or by Eurocheque made payable to "Royal College of Nursing". Please leave the amount open, stating only an upper limit next to your signature, or to pay by credit/debit card, please complete the slip overleaf.

**P.T.O. ORDER FORM ON REVERSE SIDE**

<b>All requests must be written on RCN photocopy request forms, we do not accept attached sheets. Extra forms can be found at <a href="http://www.rcn.org.uk/development/library/services">http://www.rcn.org.uk/development/library/services</a></b>	Held at the RCN Y/N				
Journal Title..... Year.....Volume / Part.....Page Numbers..... Author..... Article Title.....  Journal Title..... Year.....Volume / Part.....Page Numbers..... Author..... Article Title.....  Journal Title..... Year.....Volume / Part.....Page Numbers..... Author..... Article Title.....  Journal Title..... Year.....Volume / Part.....Page Numbers..... Author..... Article Title.....					
<b>WAITING TIMES: 95% of articles are posted out within 5 working days of receipt of this form</b>					
You must enclose payment with this form	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="text-align: center;">NO. OF ARTICLES</td> </tr> <tr> <td style="width: 80%;"></td> <td style="text-align: center;">TOTAL COST</td> </tr> </table>		NO. OF ARTICLES		TOTAL COST
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	TOTAL COST				

Articles from journals not held, or found to be missing from the library can be obtained for **RCN MEMBERS (£4.00 each)**. These charges should be paid in advance and most articles will be sent out within 5 working days of receipt of this form. Please indicate below if you would like articles to be obtained for you.

**Do you want articles to be obtained from another library?      YES / NO\***  
 (\*please delete as appropriate)

**Please post or fax (020 7647 3420) the form to us, with your payment to the RCN Library (Photocopying) at:  
 IKM, 20 Cavendish Square, London, W1G 0RN.**

**PAYMENT**

- I enclose a cheque made payable to the *Royal College of Nursing*
- Please charge my Mastercard / Visa / Delta / Switch (Maestro)\* with £ \_\_\_\_\_ (\*please delete as appropriate)

Card No: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Issue No. (Switch only): \_\_\_\_ Start date: \_\_\_\_ Security Code: \_\_\_\_ (3 digits on back of card)

Name of cardholder: \_\_\_\_\_ Cardholder's signature: \_\_\_\_\_