



VANCOUVER  
PUBLIC  
LIBRARY

# ACCESSIBLE SERVICES REGISTRATION FORM FOR INDIVIDUALS

*Accessible Services provides collections for Vancouver residents with print disabilities, and offers delivery services for patrons with mobility limitations. If you are interested in these services, please fill out the form below and email it to [accessible@vpl.ca](mailto:accessible@vpl.ca) or drop it off at any VPL location. If you have questions, please give us a call at 604-331-4100 to learn more. We would love to hear from you!*

## CONTACT

**Name:** .....

**BIRTHDATE** Day: ..... Month: ..... Year: .....

**Street Address:** .....

**Vancouver, B.C. Postal Code:** ..... **Buzzer #:** .....

**Care Facility (if applicable):** .....

**Phone:** ..... **Email:** .....

**Contact me by:** Phone Email

## DESIGNATED CONTACT

*Accessible Services patrons can designate a person to oversee their library account on the patron's behalf. A designated contact can be a family member, friend, or helping professional such as a personal support worker. A designated contact must agree to only access materials and account information on behalf of an Accessible Services patron and not for their own use.*

**Designated contact name:** .....

**Relationship to applicant:** .....

## DESIGNATED CONTACT INFORMATION

**Phone:** ..... **Email:** .....

**Do you authorize this person to access information about your account?**

Yes

No

### **Perceptual disability**

“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 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. An impairment is defined as any loss or abnormality of psychological, physiological, or anatomical structure or function

**Do you have a perceptual disability?**

Yes

No

Unsure

I certify that I am a person with a perceptual disability based on the above definition, found under Chapter C-42 of the Canadian Copyright Act. I understand that the library reserves the right to ask for verification from a competent authority at any time.

**Signature:** .....

(Guardian or Designated Contact if registrant is unable to sign)

I would like to register for CELA (*Centre for Equitable Library Access*)

I would like to register for NNELS (*National Network for Equitable Library Service*)

## TYPE OF SERVICE NEEDED

**Home Delivery:** Select if you have a disability, medical condition, or caregiver responsibilities that prevent you from going to the library or carrying library materials home for longer than 3 months. Delivery comes every 4 weeks. Patrons on Home Delivery have access to books, movies, CDs, magazines, Large Print items, and more.

### **Access to the Collection for Patrons with Print Disabilities**

**Branch pick-up:** items are sent and returned through your local library branch

**Canada Post delivery:** audiobooks are sent and returned through Canada Post for free to patrons with perceptual disabilities. You must be able to receive mail and return mail to a post office.

### **Would you like to select your own material? (online, email, or phone)**

Yes

No

If you are unable to select your own material library staff will contact you to build a list of the items you would like to receive.

### **Would you like to learn about eBooks and eAudiobooks?**

Yes

No

**If you do not have a CD player or DAISY player, Accessible Services has a limited number of easy-to-operate players that can be loaned out for a six-month loan period.**

I would be interested in borrowing a DAISY player for a period of six months.

**OTHER NOTES**

**By registering with Accessible Services you give Vancouver Public Library permission to keep a history of materials delivered to you in order to avoid duplication of items.**

**Is there anything else we should know to help you use the library?**

.....

I agree to be responsible for all materials borrowed on my Accessible Services account and for payment of any charges to my account, such as lost or damaged items.

**Signature:** .....

**Designated Contact Name:** .....

**Designated Contact Signature:** .....

**Accessible Services**  
**604.331.4100**  
**[accessible@vpl.ca](mailto:accessible@vpl.ca)**