

**Request for information**

**on Library resources**

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| **Subject** | **Please send me information** |
| General information/Library Registration |  |
| OpenAthens/Electronic Resources |  |
| Database Training Sessions |  |
| Current Awareness |  |
| Literature Search |  |
| Interlibrary Loans/Document Supply |  |
| Library Catalogue |  |
| Critical Appraisal |  |
| Career Development |  |
| Health & Wellbeing |  |
| Infection Control |  |
| Pharmacy |  |
| Patient Safety |  |
| Drug Calculations |  |
| Management |  |
| Other (Please specify) Click here to enter text. | |

**Please return this form to:**

Library & Knowledge Service, Postgraduate Centre, Medway Maritime Hospital

Windmill Hill, Gillingham ME7 5NY

[trust.library@nhs.net](mailto:trust.library@nhs.net)