



SELF-DECLARATION

Patron with a Print Disability Eligibility Form

NNELS (National Network for Equitable Library Service) downloadable books and audio-books are for persons with perceptual disabilities, also referred to as print disabilities. Under the provisions of the Canadian Copyright Act, "perceptual disability" means an impairment 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**
- c. An impairment relating to comprehension**

I certify that I am unable to read or use standard printed material because of:

- Legal blindness Physical disability
- Visual disability Reading/learning disability
- I will not copy, share or redistribute NNELS materials.
- I might ask a caregiver to pick up my selection(s) from the library. If so, please provide first and last name and the contact number of the individual. _____

I understand that the library reserves the right to ask for verification from a competent authority* at any time.

First & Last Name: -----
(Parent or guardian's signature is required if applicant is under the age of 14)

Signature: -----

Library Card Number: -----

Email: ----- **Telephone:** -----

Would you like a follow-up phone call from our staff after they receive this form? We can also inform you about other available resources in the library. YES NO

*A competent authority must have the knowledge, skill and judgment to determine if someone has a perceptual disability. A Doctor of Medicine, Ophthalmologist, Optometrist, Registered Nurse, Registered Occupational Therapist, Registered Physical Therapist, Registered Social Worker and a Special Education Teacher with a Special Education Certificate can each act within their own capacity and within their scope of their practice as a competent authority.

The personal information collected on this form is used by the library for the purpose of satisfying the eligibility requirements for providing library patrons with access to the National Network for Equitable Library Service (NNELS) which contains the accessible format material.

Library Staff Only
Date (yyyy-mm-dd): -----
Community: -----
Patron knows his/her PIN number. YES NO
Patron type is PD (Print Disabled). YES NO
This form is complete and will be faxed or emailed to Whitehorse Public Library on this day -----.
Staff full name: -----