InterLINK Audiobook Services Eligibility Form

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

Persons with Perceptual Disabilities

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

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

Date: __________________________

Name: __________________________

Address: __________________________

Telephone: __________________________

Email: __________________________

CNIB Client Number, if applicable: __________________________

☐ I agree to allow the library to keep a record of my borrowing history

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

2013 July
WOULD YOU LIKE TO GIVE US MORE INFORMATION NOW? YOU CAN ALSO PROVIDE ANSWERS TO THE FOLLOWING QUESTIONS OVER THE TELEPHONE WHEN SETTING UP SERVICE. PLEASE EXPECT A PHONE CALL FROM THE TALKING BOOKS DEPARTMENT AFTER THEY RECEIVE THIS FORM.

**WHAT TYPE OF AUDIOBOOK PLAYER DO YOU HAVE?**

AUDIOCASSETTE PLAYER____MP3 PLAYER____VICTOR READER/PLEXTALK ___

COMPUTER_____DVD PLAYER____

**WHAT FORMAT WOULD YOU PREFER?**

AUDIOCASSETTE_____MP3/DAISY____

**WHICH GENRES DO YOU READ?**

NONFICTION_____BIOGRAPHY_____HISTORY_____ TRAVEL_______ POLITICS____

TRUE CRIME____SCIENCE/NATURE____ANIMAL STORIES____OTHER________

FICTION_______MYSTERIES_____THRILLERS_____ADVENTURE___HISTORICAL____

ROMANCE____ FAMILY SAGAS/DOMESTIC FICTION _____SCIENCE FICTION_______

WESTERNS ____LITERARY/BOOK CLUB_____CLASSICS______OTHER________

**FAVOURITE AUTHORS?** PLEASE LIST BELOW.

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WHAT **TYPE OF SERVICE** DO YOU REQUIRE IF YOU ARE NOT ABLE TO SELECT YOUR OWN TALKING BOOKS FROM THE LYNN VALLEY MAIN LIBRARY? WILL YOU OR A CAREGIVER PICK UP A STAFF SELECTION FROM YOUR BRANCH? OR DO YOU NEED STAFF TO SELECT AND DELIVER TO YOUR HOME?

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