

**Housebound Readers Library Service**

To apply for Housebound Readers Library Service please have this form completed by a Doctor/District Nurse/Social Worker/Home Help.

Name .....

Address .....

.....

.....

Telephone Number

.....

I certify that the person named above is unable to visit their local library because of

.....

.....

.....

and would benefit from the Housebound Readers Library Service.

Signature .....

Date .....

Official Stamp

Please return this form to :  
**Waltham Forest Libraries,**  
**Cultural Services**  
**Silver Birch House**  
**Uplands Business Park**  
**Blackhorse Lane**  
**London E17 5SD**  
**Tel: 020 8496 3653**  
**Email : wf.libs@walthamforest.gov.uk**