

CONSORTIUM OF WEST EUROPEAN STUDIES LIBRARY GROUPS

QUESTIONNAIRE

This questionnaire is intended to identify language specialists (including Cataloguers and Acquisitions Librarians) in national, academic and special libraries within the British Isles and to determine the scope of their responsibilities. This will enable the constituent groups of the Consortium to e-mail relevant information (notices of meetings, conferences, projects, etc.) and to encourage membership of the appropriate language group.

We are interested in finding out whether any of your staff have a specific responsibility for dealing with information in a West European language (other than English), or information relating to the areas of the world where these languages are spoken. If so, please complete the accompanying grid as best reflects your situation, or use the space overleaf if you feel it cannot be described in this way, or if you would like to add any additional information.

Please complete a separate form for each member of staff to whom any category applies and please supply a name and contact details (post, email or telephone).

Please return the completed questionnaire by 30 September 2002 to:

**Dr. Geoff West
Head, Hispanic Section
The British Library
96 Euston Road
LONDON NW1 2DB.**

Thank you,

The Consortium:

Richard Parker (CHAIR: German Studies Library Group)

William Pine-Coffin (CHAIR: Italian Studies Library Group)

Teresa Vernon (CHAIR: French Studies Library Group)

Geoff West (CHAIR: ACLAIIR)

ACLAIR: Advisory Council on Latin American and Iberian Information Resources

<http://www.bl.uk/collections/wider/aclaiir/aclaiir.html>

FSLG: French Studies Library Group

<http://fslg.libr.port.ac.uk/>

GSLG: German Studies Library Group

<http://www.nottingham.ac.uk/library/gslg/HOME.HTM>

ISLG: Italian Studies Library Group

<http://www.bl.uk/collections/wider/italian/italstulib.html>

Which languages or geographical areas is the member of staff responsible for?

Language	Europe	Outside Europe	Other (please specify)
<input type="checkbox"/> French	<input type="checkbox"/> France	<input type="checkbox"/> Francophone Africa	.....
	<input type="checkbox"/> Belgium	<input type="checkbox"/> Francophone Caribbean	.....
	<input type="checkbox"/> Switzerland	<input type="checkbox"/> Canada	.....
	<input type="checkbox"/> Luxembourg		.....
<input type="checkbox"/> Dutch/Flemish	<input type="checkbox"/> Netherlands	<input type="checkbox"/> South Africa	.....
	<input type="checkbox"/> Belgium		.....
<input type="checkbox"/> German	<input type="checkbox"/> Austria	<input type="checkbox"/> Outside Europe	.....
	<input type="checkbox"/> Germany		.....
	<input type="checkbox"/> Switzerland		.....
<input type="checkbox"/> Italian	<input type="checkbox"/> Italy		.....
	<input type="checkbox"/> Switzerland		.....
<input type="checkbox"/> Portuguese	<input type="checkbox"/> Portugal	<input type="checkbox"/> Brazil	.....
		<input type="checkbox"/> Lusophone Africa	.....
<input type="checkbox"/> Spanish	<input type="checkbox"/> Spain	<input type="checkbox"/> Ibero-America	.....
<input type="checkbox"/> Scandinavian languages	<input type="checkbox"/> Denmark	.....	.....
	<input type="checkbox"/> Iceland	.....	.....
	<input type="checkbox"/> Norway	.....	.....
	<input type="checkbox"/> Sweden	.....	.....
<input type="checkbox"/> Other	.....	.....	.....

Which information functions is this member of staff responsible for?

- deciding to purchase material
- processing orders
- processing accessions
- cataloguing, indexing, etc.
- user training
- user documentation
- reference/enquiry work
- stock relegation
- academic liaison
- liaison with outside bodies
- other – please specify:

.....

Does the member of staff have other subject or functional responsibilities?

- Yes (please give details)

.....

- No

Please supply the following information:

Title.....First name/initials.....Last name.....
 JobTitle.....
 Institution.....

Postal address:.....

Telephone number:.....
 Email address:.....

The person concerned must complete and sign the following:

I consent to the storing of the data above in paper or electronic form for the purposes of constructing a contact list for library staff having special responsibility for West European language library materials.

- YES NO

I consent to the circulation of this data in electronic or printed form **to other members of the contact list:**

- YES NO

I consent to the publication of this data in print or electronically, **thus making it accessible to non-members of the list.**

- YES NO

I wish to receive further information about the Library Language Groups

- YES NO

SIGNED:.....**DATE:**.....