

SIGN UP FOR OUR PATIENT PARTICIPATION GROUP!

If you would like to join our Patient Participation Group, just complete this form and hand in at Reception.

I am interested in a virtual (email) PPG

I am interested in attending PPG meetings

Name:.....

Email address:.....

Telephone:.....

Postcode:.....

The information below will help to make sure that we receive feedback from a representative sample of patients registered at this practice.

Your Gender: Male Female

Yours Age: Under 16 17 – 24
25 – 34 35 – 44
45 – 54 55 – 64
65 – 74 75 – 84
Over 84

The ethnic background with which you most closely identify is:

White British Group Irish

Mixed White/Black Caribbean White/Black African

Asian/Asian British Indian Bangladeshi Pakistani

Black/Black British Caribbean African

Chinese or other Chinese Any other

How would you describe how often you come to the practice?

Regularly Occasionally Very rarely

Thank you.

Please note that we will not respond to any medical information or questions received through this Sign up sheet

The information you supply us will be used lawfully, in accordance with the Data Protection Act 1998. The Data Protection Act 1998 gives you the right to know what information is held about you, and sets out rules to make sure that this information is handle properly.