

Patient Participation Group Sign-Up Form

If you are interested in working with your Practice to improve patient services and would like to sign up to our Patient Participation Group, please fill in this form.

Full name:.....

Email address:.....

Telephone:

Male

Female

I do not wish to answer

What age group are you in?

Under 16 17-24 25-34 35-44 45-54 55-64 65-74 75-84 85+

What is your ethnicity?

White British

White Irish

Mixed White and Black African

Mixed White and Asian

Asian

Asian - Indian

Asian - Pakistani

Asian - Bangladeshi

Black Carribean

Black African

Chinese

Other

How often do you visit the practice?

Regularly

Occasionally

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 handled properly.