Signing Up For Patient Participation Group (PPG)

If you are happy for us to contact you periodically by email please fill out all the fields below and send the completed form to us.

Title : Mr Mrs Miss Ms

First Name (s) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date-of-Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you Consent for PPG members/Secretary/Chair to use your Email Address : YES NO

The Information Below will help to make sure that we receive feedback from a representative of the patients registered at this Practice. (Please Circle relevant Box)

Your Gender: MALE FEMALE

Your 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 (Please Circle)

Mixed British Group Irish

Mixed White & Black Caribbean White& Black African

 White & Asian

Asian 0r Asian British Indian Pakistani

 Bangladeshi

Black or Black British Caribbean African

Chinese or Other Chinese Any other

How would you describe how often you come to the Practice (Please Circle)

Regularly Occasionally Rarely

Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_