

## VIRTUAL PATIENT PARTICIPATION GROUP CONTACT FORM

Our patient Participation Group is encouraging patients to give their views about how the Practice is performing.

They would like to be able to ask the opinions of as many patients as possible and are asking if people would like to provide their e-mail addresses so that they can contact you by e-mail every now and again to ask you a question or two.

If you are happy to be contacted periodically by e-mail please complete your details below and return this form to Reception.

<b>Name:</b>		<b>Postcode:</b>	
<b>Email address:</b>			

This additional information will help to make sure we try to speak to a representative sample of the patients registered at this practice.

<b>Are You?</b>	<b>Male</b>		<b>Female</b>	
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<b>Age Group</b>	<b>Under 16</b>		<b>17 – 24</b>		<b>25-34</b>	
	<b>35-44</b>		<b>45-54</b>		<b>55-64</b>	
	<b>65-74</b>		<b>75-84</b>		<b>Over 84</b>	

To help us ensure our contact list is representative of our local community, please indicate which of the following ethnic background you would most closely identify with?

<b>White:</b>					
British Group		Irish			
<b>Mixed:</b>					
White & Black Caribbean		White & Black African		White & Asian	
<b>Asian or Asian British</b>					
Indian		Pakistani		Bangladeshi	
<b>Black or Black British</b>					
Caribbean		African			
<b>Chinese or other ethnic Group:</b>					
Chinese		Any Other			

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

Regularly		Occasionally		Very rarely	
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*Thank you.*

*Please note that no medical information or questions will be responded to. 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.*