

PATIENT PARTICIPATION GROUP JOINING FORM

Our patient Participation Group is encouraging patients to give their views about how the Practice is performing. We would like our patients to be involved in shaping and improving the services we offer.

Full participation involves attending PPG meetings and supporting the activities of the group. If you are interested in joining our PPG please complete your details below and return this form to the practice.

Name:		Postcode:	
Email address:			

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

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

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?

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

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

Regularly		Occasionally		Very rarely	
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Joining our Patient Participation Group with full participation

I confirm I would like to join the patient participation group with full participation including attending meetings.

Signature		Date	
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Thank you.

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.