

Patient Participation Group Application Slip

Details of meetings are sent out to members via email; if you prefer to receive details in the post please state this in the comments section at the bottom of this form.

Title (Mr/Mrs/Miss/Ms): Name:

Email: Telephone:

Address:

..... Postcode: Usual Surgery:

Please state whether you would be available to attend the meetings or whether you wish to sign up to the virtual group.

PPG meeting attendee member PPG Virtual Group member

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

Are you? Male Female

Age: Group	Under 16	<input type="checkbox"/>	17 – 24	<input type="checkbox"/>
	25 – 34	<input type="checkbox"/>	35 – 44	<input type="checkbox"/>
	45 – 54	<input type="checkbox"/>	55 – 64	<input type="checkbox"/>
	65 – 74	<input type="checkbox"/>	75 – 84	<input type="checkbox"/>
	Over 85	<input type="checkbox"/>		

Ethnic Origin: I would best describe my ethnic origin as follows:

White				
British	<input type="checkbox"/>	Irish	<input type="checkbox"/>	
Mixed				
White & Black Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	White & Asian <input type="checkbox"/>
Asian or Asian British				
Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
Black or Black British				
Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	
Chinese or other ethnic Group				
Chinese	<input type="checkbox"/>	Any Other	<input type="checkbox"/>	

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

Regularly	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>
Very rarely	<input type="checkbox"/>

Comments

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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.