**JOINING MY PATIENT PARTICIPATION GROUP**

**PATIENT NAME: …………………………………………………………………………………………….**

**ADDRESSS: ……………………………………………………………………………………………….**

**…………………………………………………………………………………………………………………**

**…………………………………………………………………………………………………………………**

**………………………………………………………………………………………………………………..**

**CONTACT TELEPHONE NUMBER: ……………………………………………………………….**

**EMAIL ADDRESS: ………………………………………………………………………………………**

**HOW I WOULD LIKE TO BE INVOLVED – please tick**

**BY EMAIL**

**ATTENDING MEETINGS**

**BOTH**

**Your details will not be shared with any other parties and are protected under the 1998 Data Protection Act.**