Chelford PRG

Chelford Surgery Patient Representative Group

Chairman: A. G. Biggs

**PATIENT REFERENCE GROUP**

APPLICATION FOR VOLUNTEER MEMBERS

PERSONAL DETAILS

|  |
| --- |
| Surname: Title: |
| Forename(s)  Address  Post Code email address:  Tel.No. Mobile: |

What do you hope to bring to the Patient Reference Group? E.G. Skills/Previous experience.

|  |
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| Please continue overleaf if necessary. |

I confirm that the information I have given throughout this application is correct.

Signed Date

Please return to: Gerry Biggs (Chair) C/O Chelford Surgery, Elmstead Rd Chelford SK11 9BS