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.

|  |
| --- |
| 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