

**Patient Participation Group Representative**

**Joining Form**

Our Patient Participation Group gives health professionals and patients the opportunity to discuss topics of mutual interest and provide a means for you, on behalf of patients, to make positive suggestions about the practice.

If you would like to apply to join the group please complete the form below

You can email this form back to reception@warwickhousemc.nhs.uk or hand this form back to reception or bring it along to the next meeting.

***Name:***

***Contact number:***

***Email address:***

***Postal Address, inc postcode:***

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. All the information you give will be kept completely confidential.

Q1. Are you? Male □ Female □

Q2. Age: Group. *Please √ tick the appropriate box below.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Under 16 | 17 – 24  | 25 – 34 | 35 – 44 | 45 – 54 |
| 55 – 64 | 65 – 74 | 75 – 84 | Over 84 |  |

Q3. Do you have any long-standing illness, disability or infirmity? (long-standing means anything that has troubled you over a period of time or that is likely to affect you over a period of time). *Please tick √ one box only.*

 Yes(Please continue to Q4)□ No (Please go to Q5) □

Q4. Does this illness or disability limit your activities in any way? *Please tick √ one box only.*

 Yes □ No □

Q5. How would you describe how often you come to the practice? *Please tick √ one box only.*

|  |  |
| --- | --- |
| Regularly | □ |
| Occasionally | □ |
| Very rarely | □ |

Q6. To help us ensure our contact list is representative of our local community please indicate to which of these groups do you consider you belong to? *Please tick √ one box only.*

|  |  |  |
| --- | --- | --- |
| **White** | **Black or Black British** | **Chinese and Other ethnic groups** |
| British  | Caribbean | Chinese |
| Irish  | African  |  |
| **Mixed** | **Asian or Asian British** |  |
| White & Black Caribbean | Indian |  |
| White & Black African | Pakistani |  |
| White & Asian  | Bangladeshi |  |
| Any other white background (*√* AND WRITE IN BELOW) |  |  |

**Thank you.**

*Please note that no medical information or questions will be responded to.*

*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*