**AWBURN HOUSE MEDICAL PRACTICE**

**PATIENT PARTICIPATION GROUP APPLICATION FOR**M

Awburn House Medical Practice is committed to improving the services we provide to our patients. To do this, it is vital that we hear from people like you about your experiences, views and ideas for making our service better. By expressing your interest, you will be helping us to plan ways of involving patients in a way that suites you. It will also mean we can keep you informed of opportunities to give your views and up to date with developments within the practice.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Telephone No: |  |
| Email Address: |  | Postcode: |  |

I agree for my email address to be visible to other group members on email correspondences.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are You? | Male |  | Female |  |

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

To help us ensure our contact list is representative of our local community, please state your ethnicity:

|  |
| --- |
|  |

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

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

Thank you.

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

**Frequently asked questions:**

**What is a patient participation Group?**

This is a group of volunteer patients who are involved in making sure the practice proved the services patients need.

**Will my doctor see this information?**

This information is purely to contact patients to ask them questions about the practice, how well we are doing and ensure changes that are being made are patient focused. If your doctor is responsible for making some of the changes in the practice they might see general feedback from patients.

**Will the questions you ask me be medical or personal?**

We will only ask general questions about the practice, such as short questionnaires.

**Who else will be able to access my contact details?**

Your contact details will be kept safe and secure and will only be used for this purp0ose and will only be shared with other members of the patient participation group.

**How often will you contact me?**

Not very often, possibly four times a year.

**What if I no longer wish to be on the contact list or if I leave the practice?**

We will ask you to let us know by email if you do not wish to receive further messages and your contact details will be removed from the patient participation group list.

***The information you provide us with will be used lawfully, in accordance with the Data Protection Act 1988. The Data Protection Act 1988 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.***