



PATIENT PARTICIPATION GROUP

We are looking for a representative number of our patients who would be willing to meet as a group either in person or by email to express their views and give feedback on a wide variety of issues.

If you are happy for us to contact you periodically by email please leave your details below and hand this form back to reception, a patient group representative or post in the "secure box".

Name:

Email address:

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.

Are you? Male Female

Age group				
	Under 16	<input type="checkbox"/>	17 – 24	<input type="checkbox"/>
	25 – 34	<input type="checkbox"/>	35 – 44	<input type="checkbox"/>
	45 – 54	<input type="checkbox"/>	55 – 64	<input type="checkbox"/>
	65 – 74	<input type="checkbox"/>	75 – 84	<input type="checkbox"/>
	Over 84	<input type="checkbox"/>		

To help us ensure our contact list is representative of our local community please indicate which of the following ethnic background you would most closely identify with:

White				
British Group	<input type="checkbox"/>	Irish	<input type="checkbox"/>	
Mixed				
White & Black Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	White & Asian <input type="checkbox"/>
Asian or Asian British				
Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
Black or Black British				
Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	
Chinese or other ethnic group	<input type="checkbox"/>			
Chinese	<input type="checkbox"/>	Any other	<input type="checkbox"/>	

First language not English	<input type="checkbox"/>	Deaf or blind	<input type="checkbox"/>
Single Parent	<input type="checkbox"/>	Disabled	<input type="checkbox"/>
Student under 25	<input type="checkbox"/>	Learning Difficulties	<input type="checkbox"/>
Suffers from Chronic disease	<input type="checkbox"/>	Carer	<input type="checkbox"/>
Gay/Lesbian	<input type="checkbox"/>		
Cancer Patient	<input type="checkbox"/>		
Housebound	<input type="checkbox"/>		

Please tick all that apply to you

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

Regularly	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>
Very rarely	<input type="checkbox"/>

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.