

Signing Up For Our Patient Participation Group (PPG)

If you are happy for us to contact you about the PPG via email, please complete your details below and hand this form in at reception.

Name:

Email Address:

Telephone:

Postcode:

The information below will help to make sure that we receive feedback from a representative sample of the patients registered at this practice.

Your Gender: Male Female

Your Age: Under 16 25–34 17–24 35–44 45–54
65–74 55–64 75–84 Over 84

The ethnic background with which you most closely identify is:

White British Group Irish

Mixed White & Black Caribbean White & Asian
White & Black African

Asian or Asian British Indian Bangladeshi Pakistani

Black or Black British African Caribbean

Chinese Chinese

Other Other

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

Regularly Occasionally Very rarely

Thank you

Please note that we will not respond to any medical information or questions received through this form.

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.