

Signing Up For Our Patient Participation Group

If you are happy for us to contact you periodically by email please leave 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 <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"/>

The ethnic background with which you most closely identify is:

White British Group Irish

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

Asian or Asian British Indian Pakistani
Bangladeshi

Black or Black British Caribbean African

Chinese or Other Chinese Any 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 the survey.

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.