



## Townhead Surgeries

### Patient Participation Group (PPG) Membership Application Form

If you are interested in becoming a member of Townhead Surgeries Patient Participation Group, please complete the application form below.

**Name**.....

**Address**.....

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**Email address**.....

**Phone number**.....

**What is your age range?** 12-18, 19-29, 30-50, 51-64, 65 + (*please circle*)

**Availability:** Evenings/Daytime/Both (*please circle*)

Please tell us why you would be interested in joining the PPG. Tell us about any work or volunteering experience that you feel would be of benefit. Also any areas of health that are of interest, including caring responsibilities.

I confirm that I am a patient of Townhead Surgeries

or

I confirm I have spoken to Townhead Surgeries about representing a hard to reach group of patients

**Signature**..... **Print name**.....

**Date**.....