

I would like to become a member of
SHIP

I confirm that I have read and understood the information in this leaflet, and will abide by the **SHIP** Terms of Reference.

Title: Mr Mrs Miss Ms Other

Name:

Address:

.....

.....

Postcode:

Date of Birth:

Mobile:

E-Mail Address:

.....

Preferred method of contact:

POST EMAIL TEXT

Ethnicity.....

Signature:

Date:

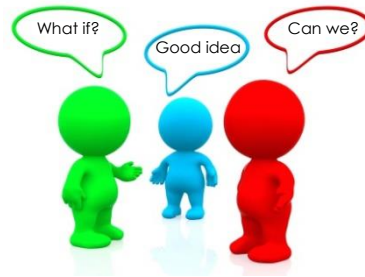
Please hand this form in at Reception at your Site

Getting Involved

No training is required to become a member of **SHIP**. The most important thing is that you are keen and focused on taking positive action to help the patient experience.

Be prepared to give your opinion about the way Brierley Park Medical Group is run and any thoughts you have on how things could be improved; from the the parking facilities, to the welcome patients get when they arrive at the practice, or the appointment system.

If you would be interested in getting involved, please complete the details opposite. We will then contact you with further details



Brierley Park Medical Group,

127 Sutton Road, Huthwaite,
Notts NG17 2NF

Telephone: 01623 550254

<https://www.brierleyparkmedicalgroup>



BRIERLEY PARK
MEDICAL GROUP

SHIP

**SKEGBY & HUTHWAITE
INVOLVING PATIENTS**

