**Patient Participation Group (PPG)**

**Membership Application Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Title: | Forename: | | Surname: |
| Address: | | | |
| Postcode: | | | |
| Home Phone: | | Mobile Phone: | |
| Email Address: | | | |

(Please Print Information Clearly In Capital Letters)

Membership to the Castle Healthcare Practice PPG is open to all registered patients. The information below will assist in the aim of making the PPG as representative of the Practice profile as possible.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ethnic Origin :** | White | Asian | Black | Other |
| Please specify or give more detail to the above generic terms: | |  | | |
| **Age:** | 16-30 | 31-45 | 46-60 | 60+ |

|  |  |  |  |
| --- | --- | --- | --- |
| Please list any days or times that you are unavailable to attend meetings: |  | | |
| How would you describe how often you come to the Practice? (please tick one answer) | Regularly | Occasionally | Rarely |
| Why are you interested in joining the Castle Healthcare Practice PPG? |  | | |
| What skills/experience could you bring to the PPG? i.e., information technology, previous experience working within the NHS etc. |  | | |

Your information will be treated in the strictest confidence, where current data protection legislation will be adhered to at all times. Your information will be retained by the Practice and will not be divulged to any other person or organisation not directly connected to the Practice.

If an email address is provided, this will be used as the principle means of communication between PPG members, especially for the distribution of meeting papers etc. as this is usually a block communication, your email address may be visible to other recipients.

Members are responsible for printing their own copies of meeting papers as required. During face-to-face meetings, a small number of copies may be provided.

|  |  |
| --- | --- |
| **PPG Member Consent** | |
| By signing below, you are providing consent for this information to be stored by the Practice and to be contacted regarding matters related to the PPG and the Practice. | |
| **Name:** |  |
| **Signature:** |  |
| **Date:** |  |

Please return this document to the Practice reception desk for the attention of the Operations Manager.