

Signing Up For The New Surgery Patient Participation Group

Our Patient Participation Group has been in operation since March 2016 and our Patients' views are very important to us.

If you would be interested in joining the group please complete this form and hand in at Reception or email to KMicb.thenewsurgeryadmin@nhs.net for the attention of Jackie Kelly.

Title	Mr/Mrs/Miss/Ms/Other		
First Name			
Surname			
Date of Birth			
Email Address			
Telephone	Home		
	Mobile		
Postcode			
<p><i>We aim to recruit patients from a representative sample of the patients registered at this practice. Providing the information below will help us to achieve that aim.</i></p>			
Your Gender	Male	<input type="checkbox"/>	Female <input type="checkbox"/>
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"/>
<p><i>The ethnic background with which you most closely identify is:</i></p>			
White	British Group	<input type="checkbox"/>	Irish <input type="checkbox"/>
Mixed	White & Black Caribbean	<input type="checkbox"/>	White & Black African <input type="checkbox"/>
	White & Asian	<input type="checkbox"/>	
Asian or Asian British	Indian	<input type="checkbox"/>	Pakistani <input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>	
Black or Black British	Caribbean	<input type="checkbox"/>	African <input type="checkbox"/>
Chinese or Other	Chinese	<input type="checkbox"/>	Any Other <input type="checkbox"/>
<p><i>How would you describe how often you come to the practice?</i></p>			
Regularly	<input type="checkbox"/>	Occasionally	<input type="checkbox"/>
		Very Rarely	<input type="checkbox"/>