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 make sure that we receive feedback from a representative sample of the patients registered at this practice.

Your Age:	Under 16	☐	17 – 24	☐
	25 – 34	☐	35 – 44	☐
	45 – 54	☐	55 – 64	☐
	65 – 74	☐	75 – 84	☐
			Over 84	☐
Your Gender:	Male	☐	Female	☐

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