Woodlands Surgery

Patient Participation Group



| Please use this form thand the completed | | • | Participation C | Group. Please | print the info | ormation and |
|---|-----------------|-------------------------------|------------------|-------------------------------|----------------|-----------------|
| Name: | | | | | | |
| Email address: | | | | | | |
| Postcode: | | | | | | |
| Telephone: | | | | | | |
| Please include me in solely in connection confidential. Signed | with the role (| of the group whic | h undertakes t | _ | securely an | d treat them as |
| Please also give us the registered at this pra- | | information to he | lp us to involve | e a represento | ative sample | of the patients |
| <u>Your age group</u> 35 - 44 65 - 74 | | 18 - 24 45 - 54 75 - 84 | | 25 - 34 55 – 64 Over 84 | | |

Information about the PPG

The members of the Patient Participation Group (PPG) are all patients of Woodlands Surgery. The PPG is a "virtual group".

The PPG supports the practice in such events as the annual survey by encouraging patients to take part, provides a sounding board for changes in services proposed by the Practice and provides non clinical support on day to day issues.

Should you want further information about the Patient Participation Group please email.

Patients wishing to make complaints must raise them through the established practice procedures.

ppg_application_form.docx 11/06/2021