

# Salters Medical Practice



## Patient Participation Group Application Form

Name: .....

Address: .....

.....

.....

Telephone Number: .....

Email:.....

Availability Days:

Mon  Tue  Wed  Thur  Fri

Morning  Afternoon  Evening

I am interested in becoming a member of the Salters Medical Practice Patient Participation Group. I am happy for the above details to be shared with other members, who are patients of the practice.

Signed: .....

Date: .....

This form can either be handed into Reception or emailed to:

[saltersppg@gmail.com](mailto:saltersppg@gmail.com)

