

# **PRACTICE PATIENT PARTICIPATION GROUP**

Do you want to improve health and health services in your local community?

**Do you want to have the opportunity to have a voice and get involved in the way your health service is run?**

Do you want to help shape and improve services and even get involved in shaping and delivering new and exciting services?

If you answered YES to any of the above questions then you may be the right person to join our ***NEW Practice Patient Participation Group***.

Let us hear about your experiences, views and ideas for making services better.

The Practice is looking for people from all ages and backgrounds who are enthusiastic about influencing and improving the way that local healthcare is delivered.

If you are interested, please ask for the Practice Patient Participation Group Application Form at Reception.

**If you have any questions or queries please do not hesitate to contact Debbie Horobin Practice**

**Manager**

**On**

**0121 556 0455**

Dr Gudi & Partner

# PATIENT PARTICIPATION GROUP APPLICATION FORM

## Making Services Better: Your Views

Dr Gudi & Partner is committed to improving the services we provide to our patients.

To do this, it is vital that we hear from people like you about your experiences, views, and ideas for making services better.

If you are interested in getting involved, please complete and return this form to Debbie Horobin Practice Manager at the Practice.

By expressing your interest, you will be helping us to plan ways of involving patients that suit you. It will also mean we can keep you informed of opportunities to give your views and up to date with developments within the Practice.

<b>Name:</b>		<b>Postcode:</b>	
<b>Email Address:</b>			

**What sort of things might you be interested in taking part in?**

*Please tick all Blank boxes that apply to you.*

<b>Attending meetings during the day</b>	
<b>Attending meetings during the evening</b>	
<b>Questionnaires</b>	
<b>Telephone Interviews</b>	
<b>Face to face interviews</b>	
<b>Other events and initiatives</b>	
<b>Please tell us if you have any ideas about other ways you could tell us your views:</b>	

This additional information will help to make sure we try to speak to a representative sample of the patients that are registered at this Practice.

<b>Are You?</b>	<b>Male</b>		<b>Female</b>	
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<b>Age Group</b>	<b>Under 16</b>		<b>17 – 24</b>		<b>25 – 34</b>	
	<b>35 – 44</b>		<b>45 – 54</b>		<b>55 – 64</b>	
	<b>65 – 74</b>		<b>75 – 84</b>		<b>Over 84</b>	

To help us ensure our contact list is representative of our local community, please indicate which of the following ethnic background you would most closely identify with?

<b>White:</b>			
British Group	<input type="checkbox"/>	Irish	<input type="checkbox"/>
<b>Mixed:</b>			
White & Black Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>
		White & Asian	<input type="checkbox"/>
<b>Asian or Asian British:</b>			
Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
		Bangladeshi	<input type="checkbox"/>
<b>Black or Black British:</b>			
Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>
<b>Chinese or other ethnic Group:</b>			
Chinese	<input type="checkbox"/>	Any Other	<input type="checkbox"/>

How would you describe how often you come to the practice?

Regularly	<input type="checkbox"/>	Occasionally	<input type="checkbox"/>	Very rarely	<input type="checkbox"/>
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*Thank you.*

*Please note that no medical information or questions will be responded to.*

*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.*