



**Ash Tree House Surgery**  
**Patient Participation Group Application Form**

Title		Name		D.O.B	
Landline			Mobile		
Home Address					
Email Address					
Occupation <i>(please state if student or retired)</i>					

**Preferred method of contact:** *(please tick)*   E-mail ☐   Letter ☐   Face to face ☐

**Age:** *(please circle appropriate age group)*

Under 16	35-44	65-74
17-24	45-54	75-84
25-34	55-64	Over 84

**Ethnic group:** *(please circle one response in right hand side columns only)*

White	British	Irish
Mixed	White & Black Caribbean White & Black Asian	White & Black African
Asian or Asian British	Indian Bangladeshi	Pakistani
Black or Black British	Caribbean	African
Chinese or other	Chinese	Other <i>(Please state)</i>

**How would you describe how often you come to the surgery?** *(Please circle)*

Regularly	Occasionally	Rarely
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**Signed:** ..... **Date:** .....

*(if completing electronically, print name)*

*Thank You! Please either hand the completed form into reception, or if completing electronically e-mail to [lscicb-fw.qp-p81129@nhs.net](mailto:lscicb-fw.qp-p81129@nhs.net)*