

# Patient Participation Group

(Application Form)

**Title (please tick one)**

☐ Mrs    ☐ Miss    ☐ Ms    ☐ Mr

**First Name:**

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**Surname:**

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**Date of Birth:**

\_\_\_ / \_\_\_ / \_\_\_\_

**Email Address:**

**Telephone:**

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*In accordance with UK GDPR, we may use your email address to contact you about your involvement in the Patient Participation Group (PPG). As a healthcare provider, we process this information under the lawful basis of public task, meaning your explicit consent is not required. However, your information will be kept confidential, used only for relevant communications, and handled securely. You may request to be removed from future emails at any time by contacting the practice.*

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The following information is optional but is requested so that we can ensure our patient group represents the wide variety of patients we have at the surgery. It will remain confidential and the information provided will not impact your application to join.

**Gender (please tick one):**

☐ Male  
☐ Female  
☐ Other: Please specify \_\_\_\_\_  
☐ Non-binary  
☐ Prefer not to say

**Do you consider yourself to have a disability? (please write below)**

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**What ethnic background do you closely identify with? (please write below)**

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**How would you describe how often you come to the practice? (please tick one):**

☐ Regularly  
☐ Occasionally  
☐ Very rarely

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Please return this form to our reception or email us at:

**[nclicb.patients.speedwell@nhs.net](mailto:nclicb.patients.speedwell@nhs.net)**

A member of the team will be in touch shortly!