

Patient Participation Group - Application Form

If you would like to apply to join the Red House Surgery Patient Participation Group, and are happy for us to contact you by email or by post, please complete this form and return it to the receptionist.

Name	
Address	
Postcode	
Telephone number	
Email address	

This additional information will help us to make sure we try to speak to a representative sample of the patients that are registered at this practice. Are you:

Male	Female	Prefer not to say
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Under 16	17 – 24 years	25 – 34 years	35 – 44 years	45 – 54 years
55 – 64 years	65 – 74 years	75 – 84 years	Over 84	

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

White British	Irish	Other White background	
White & Black Caribbean	White & Black African	White & Asian	Other mixed background
Indian or British Indian	Pakistani or British Pakistani	Bangladeshi or British Bangladeshi	Other Asian background
Black Caribbean	Black African	Other Black background	
Chinese	Other background not mentioned		Not stated

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

Regularly	Occasionally	Very rarely
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The information you supply will be used lawfully, in accordance with the current Data Protection Laws. You have the right to know what information is held about you and that your information is handled properly.