Grove House Surgery Patient Participation Group (PPG)

Membership Application Form

|  |  |
| --- | --- |
| Name: |  |
| Address:Postcode: |  |
|  |
| Email: |  |
| Telephone No: |  |  |  |
| I am able to access the internet to support communications? (leave blank if NO) |  |
| As a PPG member, I agree that my name, telephone number, postal and email addresses may be shared with other PPG members |  |
| As a PPG member, I agree that my name and email address may be published in the Practice’s communications |  |

I wish to join the Patient Partnership Group and in so doing agree to abide by and uphold the Constitution of the Group (copy attached, PLEASE KEEP):

|  |  |
| --- | --- |
| Signed |  |

We request additional information about you to help ensure the Patient Partnership Group is as representative as possible of the patients of the Practice.

|  |
| --- |
| Please tick which apply to you: |
| Male |  |
| Female |  |
| Your current age |
| 17-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65-74 | 75-84 | 85+ |
|  |  |  |  |  |  |  |  |
| The ethnic background which you most closely identify with is: |
| Please tick only one of these boxes | White | British Group | Irish |
|  |  |
| Mixed | White & Black Caribbean | White & Black African | White & Asian |
|  |  |  |
| Asian or Asian British | Indian | Pakistani | Bangladeshi |
|  |  |  |
| Black or Black British | Caribbean | African |
|  |  |
| Chinese or other ethnic group | Chinese | Any other |
|  |  |
| How often do you visit the Practice? |
| Regularly(at least once every three months) | Occasionally(about once a year) | Very rarely(Less than once a year) |
|  |  |  |

**Thank you**

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

The information you supply us with 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.