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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |

*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.*