Grimethorpe Surgery

Signing Up For Our Patient Participation Group

Yes, I would like to join the Patient Participation Group

If you are happy for us to contact you periodically by email please leave your details below and hand this form in at reception.

Name:	
Email Address:	
Telephone:	
Postcode:	

The information below will help to make sure that we receive feedback from a representative sample of the patients registered at this practice.

Your Gender:	Male 🗆	Female 🗆
Your Age:	Under 16 🛛 25 - 34 🖻	17 - 24 □ 35 - 44 □
	45 - 54 🛛	55 - 64 🛛
	65 - 74 🛛	75 - 84 🛛
		Over 84 🗆

The ethnic background with which you most closely identify is:

White	British Group 🗅	Irish 🗆
Mixed	White & Black	White & Black African
	Caribbean 🗆	
	White & Asian 🗆	Other 🗆
Asian or Asian British	Indian 🗆 Bangladeshi 🗆	Pakistani 🗆
Black or Black British	Caribbean 🗆	African 🗆
Chinese or Other	Chinese 🗆	Any Other 🗆

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

Regularly 🗆	Occasionally 🛛	Very rarely 🗆
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Please note that we will not respond to any medical information or questions received on this form.

The information you supply us will 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.

Do you have any particular skills you feel could benefit the patient participation group? If so, which?

Please, inform us of your availability to attend meetings of the PPG. Are there any times/days that are better or worse for you?

Do you have any previous experience in this field? (this is not a requirement!)

Do you have good understanding of English or do you require an interpreter?

Thank you very much for taking the time to fill this application form. Your offer to help the practice is very much appreciated!

Denneker

Dr J.E.C. Bennekers, practice manager.