

## Signing Up For Our Patient Participation Group

If you would like to join our patient Participation Group, please complete this form and drop it in at reception. Many thanks.

**Name:** .....

**Email Address:** .....

**Telephone:** .....

**Postcode:** .....

The information below will help to make sure that we recruit members from a representative sample of the patients registered at this practice. However, if you prefer not to answer, please leave this section blank.

**Your Gender:** Male  Female

**Your Age:**

Under 16 <input type="checkbox"/>	17 – 24 <input type="checkbox"/>
25 – 34 <input type="checkbox"/>	35 – 44 <input type="checkbox"/>
45 – 54 <input type="checkbox"/>	55 – 64 <input type="checkbox"/>
65 – 74 <input type="checkbox"/>	75 – 84 <input type="checkbox"/>
	Over 84 <input type="checkbox"/>

**The ethnic background with which you most closely identify is:**

**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** Chinese  Any Other

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

Regularly  Occasionally  Very rarely

**Please detail any preferences for days or times (eg morning, lunchtime, afternoon, evening):**

Thank you

**Please note that we are unable to respond to any medical information or questions received through 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.