Patient Participation Group Member Contact Form

If you would like to join the group please give your consent for us to contact you by

completing the form below.

I am happy for you to contact me periodically by email or post.

[Please leave your details below and return to the Practice for the attention of Georgina Kelly

Practice Administrator.]

Name: ………………………………………………………………………………………………………………..

Email address: …………………………………………………………………………………………………..

Home address: ………………………………………………………………………………………………….

Contact telephone number………………………………………………………………………………..

This additional information will help to make sure we try to speak to a representative sample

of the patients that are registered at this practice.

Are you?

Male:

□

Female: □

Age group:

Under 16 □

25-34 □

45-54 □

65-74 □

Over 84 □

17-24 □

35-44 □

55-64 □

75-84 □

To help us ensure our contact list is representative of our local community, please indicate

which of the following ethnic background you would most closely identify with?

White

British Group

□

Irish

□

Mixed

White and Black Caribbean □

White and Black African □

White and Asian □

Asian or Asian British

Indian

□

□

Pakistani

African

□

□

□

Bangladeshi

□

Black or Black British

Caribbean

Chinese or other ethnic group

Chinese

□

Any other



Thank you for your time.

When administering the contact details of the representatives from the Patient Participation

Group, the practice processes personal data collected in accordance with its Data Protection

Policy GDPR. Data collected from the point at which a new member joins the PPG information

is held securely and accessed by, and disclosed to, individuals at the Practice only for PPG

management purposes.

Data protection

Member signature:…………………………………….

Date:………………

Occasionally

Very rarely

□

□

□

Regularly

H

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