



## Patient Participation Group Sign-up Form

Full Name:	
Email address: <i>I consent to being contacted by email</i> <input type="checkbox"/>	
Telephone:	
Postcode:	

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

**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  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

How did you hear about the PPG? Our website  The waiting room screen

Other (please specify)

**Please note that we will not respond to any individual personal medical information or questions received through the format of the Patient Participation Group.**

*The information you supply us will be used lawfully, in accordance with GDPR Regulations. GDPR 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.*

Document reviewed: December 2019

Next review date: December 2021