

Patient Participation Group Sign-up Form



If you'd like to join our Patient Participation Group and are happy for us to contact you periodically by email please complete this form and hand it in at reception or email it to:

ncccg.southglademedicalpractice@nhs.net

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 17 – 24

25 – 34 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 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

Thank you for your interest in our Patient Participation Group.

Please note that we will not 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 2018.