



Virtual Patient Participation Group Sign-Up Form

We are always looking for new ways to find out how we can improve our service and how patients perceive our surgery and staff. To help us with this, we have set up a virtual Patient Reference Group so that you can have your say. If you are happy for us to contact you periodically by post or email please complete your details below and hand this form to either reception or a patient group representative.

Name: _____

Postal Address: _____

Email address: _____

This additional information will help to make sure we try to speak to a representative sample of the patients registered at this practice.

Are you? Male Female

Age Group:

Under 16	17 - 24	25 - 34	
35 - 44	45 - 54	55 - 64	
65 - 74	75 - 84	Over 84	

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

Regularly	
Occasionally	
Very rarely	

To help us ensure our contact list is representative of our local community please indicate which if the following ethnic background you would most closely identify with.

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 Ethnic Group				
Chinese		Arab		Any other

Thank you.

Please note that no medical information or questions will be responded to.

The information you supply us with will be used lawfully, in accordance with the Data Protection Act 1988. The Data Protection Act 1988 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.