

## Signing Up For Our Patient Participation Group

If you are happy for us to contact you periodically by email please leave your details below and hand this form in at reception.

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

**Please note that we will not respond to any medical information or questions received through the survey.**

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.