**APPLICATION TO JOIN THE PATIENT PARTICIPATION AND/OR PATIENT REFERENCE GROUP**

**NAME:**……………………………………………………..

**DOB:**……………………………………………………….

**ADDRESS:**………………………………………………………………………………………………

**DAYTIME PHONE NUMBER:**………………………………………………………………………..

**I WOULD LIKE TO JOIN THE:**

Patient Participation Group Patient Reference Group

**EMAIL ADDRESS:**………………………………………

I consent to the details provided in this form being provided to the PPG.

|  |  |  |
| --- | --- | --- |
| Top of Form  **Your help in completing the following would be appreciated, so that we can make sure all our groups of patients are represented as far as possible** | | |
| Are you? | Male | Female |
| **Age Group** | | |
| |  |  |  | | --- | --- | --- | | Under 16 years | 35-44 years | 65-74 years | | 17-24 years | 45-54 years | 75-84 years | | 25-34 years | 55-64 years | over 84 years | | | |
| **Ethnic Origin - I would describe my ethnic origin as follows: (please tick as appropriate)** | | |
| |  |  |  | | --- | --- | --- | | **White** | **Mixed** | **Other** | | British | White & Asian | Chinese | | Irish | White & Black African | Other ethnic group | | Other Black background | White & Black Caribbean |  | |  | Other mixed background |  | |  |  |  | | **Black or Black British** | **Asian or Asian British** |  | | African | Bangladeshi | I do not wish to disclose | | Caribbean | Indian |  | | Other Black background | Pakistani |  | |  | Other Asian background |  | | | |
| |  |  |  | | --- | --- | --- | | **How would you describe how often you come to the Practice?** | | | | Regularly | Occasionally | Very rarely | | | |