**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.

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| 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  |

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| **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 |   |

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| **How would you describe how often you come to the Practice?**  |
| Regularly | Occasionally  | Very rarely  |

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