

# & Giffords Surgery Patient Participation Group

**Would you like to join our ‘virtual’ Patient Participation Group? If yes, and you are happy for us to contact you periodically by e-mail, please fill in your details below and hand this form back to reception, a Patient Group Representative or post in the ‘secure box’.**

By completing this form you will become a ‘virtual’ PPG member. You will be helping us obtain feedback about our services and to support the **PPG Working Group\*** who meet monthly at the Surgery. Your input helps with decision making and to improve our service.

We will shortly be doing a Patient Survey and would value your input in helping us set up the questionnaire for the patients. **We hope you choose to become a ‘virtual’ PPG Member.**

Name:		Postcode:	
E-mail:			

This additional information will help to make sure we try to speak to a representative sample of the patients that are 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

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

<b>White</b>		<b>Mixed</b>		<b>Asian or Asian British</b>	
British Group	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
		White & Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
<b>Black or Black British</b>		<b>Chinese or other ethnic Group</b>			
Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>		
African	<input type="checkbox"/>	Any Other	<input type="checkbox"/>		

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

Regularly  Occasionally  Very rarely

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

*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.*

**\* If you would like to be part of the Working Group which meets monthly on a Tuesday from 3.00pm to 4.30pm please ask for an Application Form at reception.**

*For more information about Patient Participation Groups please visit [www.napp.org.uk](http://www.napp.org.uk)*