## **Signing Up For Our Patient Participation Group**

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  $\square$ 25 − 34 □ 35 − 44 □ 45 − 54 □ 55 **−** 64 □ 65 – 74 □ **75 – 84** □ Over 84  $\square$ The ethnic background with which you most closely identify is: White British Group Irish Mixed White & Black Caribbean White & Asian White & Black African Asian or Asian British Indian Bangladeshi Pakistani 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 □

If you are happy for us to contact you periodically by email please leave your details below and hand this

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.