

Patient Participation Group Application Form

Name:

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Address:

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Contact telephone number:

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E-mail address:

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Would you be able to attend a quarterly meeting for approximately 1 hour on a weekday evening?

YES

NO

Are there any patient groups you feel you could represent the views of? (please circle)

Ethnic Minority/Single/Married/Young family/Retired

Unemployed/Self-employed/Employed/Student/Disabled

Other (please state).....

Thank you for your interest in our Patient Participation Group and for completing this form. Please be aware that we are unable to accept all applications due to the size and composition of the group.

Please contact the Practice on 01481 724184 if you have not received acknowledgment of your application within one week.