

# Patient Participation Group

If you are happy for us to contact you periodically by email please leave your details below and hand this form back to reception or post in directly to the Practice **BY Friday 31 December 2011.**

**Name:**

**Email address:**

**Postcode:**

Completion of the additional information below will help to understand the make up of our sample Patient Group so we try to a achieve representative the patients that are registered at this practice.

**Sex** Male  Female

**Age Group**

Under 16  17 – 24  25 – 34  35 – 44  45 – 54  55 – 64   
65 – 74  75 – 84  Over 84

**Employment status**

Work full time  Work part time  Retired  Full Time Education  Not currently working

**Length of time with Practice**

Less than 12 months  between 1-3 years  between 3-5 years  between 5-10 years   
over 10 years

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

Regularly  Occasionally  Very rarely

**Would you class yourself as having a disability?**

Yes  No

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?

**White** British Group  Irish   
**Mixed** White & Black Caribbean  White & Black African  White & Asian   
**Asian or Asian British** Indian  Pakistani  Bangladeshi   
**Black or Black British** Caribbean  African   
**Chinese or other ethnic Group** Chinese  Any Other  Not disclosed

Thank you.

Please note that no medical information or questions will be responded to. This information will **not** be used for purposes other than as part of the Patient Survey Group.

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.