

# Appendix D - PPG application form

Name	
Address	
Postcode	
Email Address	
Telephone Number	

E-mails and/or telephone numbers will be distributed to members of the PPG for the purpose of effective communication around PPG issues. If you do not wish for others to see your email/telephone number please tick here . Please note that by ticking this box, you may be excluded from replies to the group email/text messaging

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?

White British	<input type="checkbox"/>	Irish	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>
Mixed British	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	Banqladeshi	<input type="checkbox"/>
Asian or Asian British	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>		
Black or Black British	<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.