

# Filey Surgery

## Signing up for the Patient Participation Group (PPG)

Occasionally we look to add to our current patient participation group (PPG). We require patients to be willing to attend approximately 4 meetings a year which are scheduled early evening (attendance not essential 100% of the time). It is important to us that our patient group includes as wider representation of our practice list as possible therefore we ask that you complete this short application form so we can ensure we achieve this.

<b>Title (please underline or circle)</b>	Mr	Mrs	Miss	Ms
First Name:				
Surname:				
Email Address:				
Postcode:				
<b>The information below will help to make sure that we receive feedback from a representative sample of patients registered at this practice. (please underline or circle):</b>				
Your gender:	Male		Female	
Your age (indicate appropriate age bracket):	Under 16	17-24	25-34	35-44
	45-54	55-64	65-74	75-84
	Over 84			
<b>The ethnic background with which you most closely identify is (please underline or circle):</b>				
White:	British Group		Irish	
Mixed	White & Black Caribbean	White & Black African		White & Black Asian
Asian or Asian British:	Indian	Pakistani		Bangladeshi
Black or Black British:	Caribbean		African	
Chinese or other:	Chinese		Any other	
<b>How would you describe how often you come to the practice? (please underline or circle):</b>				
Regularly		Occasionally		Very Rarely

OPTIONAL: Please tell us a little about you and what you feel makes a good general practice/family doctor service?:

About this form:

Please note that we will not respond to any medial information or questions received through the survey.

The inform 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 our rules to make sure that this information is handled properly.

**Please return this form to Filey Surgery clearly marked for the attention of Jane Beaumont. An email will be sent confirming the receipt of your application.**

Thank you for offering to give some of your time to provide input into the development of the services we provide to our patients. The membership of the PPG is limited so as to make the meetings as effective as possible. We will contact you to let you know whether based on the current recruit's demographic background we have enrolled you onto our PPG. If the demographic position you represent has already been filled we will keep your application and invite you at a later date should a position arise.

Thank you very much for your input, every opinion matters.