

Signing Up For Our Patient Representation Groups

If you are happy for us to contact you periodically by email please tick here

If you would like to attend our quarterly meetings please tick here

Name:

Email Address:

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 25 – 34 45 – 54 65 – 74 17 – 24

35 – 44 55 – 64 75 – 84 Over 84

The ethnic background with which you most closely identify is:

British Group Irish White & Black Caribbean

White & Asian White & Black African Indian Bangladeshi

Pakistani Black or Black British Caribbean African

Chinese Any Other

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

Regularly Occasionally Very rarely

Thank you

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