

## PATIENT PARTICIPATION GROUP ENQUIRY / APPLICATION FORM

NAME	ADDRESS	PHONE NUMBER

We would like to make sure our patient group represents the diverse range of patients in our practice, and the questions below are designed to help us achieve this. Please leave any sections blank if you do not wish to answer them. Delete or ring your answer as appropriate.

Gender	Male / Female						
Marital status	Married / Single						
Age (please tick)	Under 16		17-24		25-34		
	35 – 44		45-54		55-64		
	65 – 74		over 74				
Ethnic origin	White British			Other Mixed Background			African
	White Irish			Indian			Other Black Background
	Other White Background			Pakistani			Chinese
	White and Black Caribbean			Bangladeshi			Other
	White and Black African			Other Asian Background			Prefer not to say
	White and Asian			Caribbean			

How often do you use the practice?	
Do you use other health services outside the practice (e.g. hospitals, clinics or emergency doctors) Please list any examples.	

**Thank you for expressing your interest in the surgery's PPG.**

**All applications / enquiries will be acknowledged and you will hear from us again soon**