

## 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**