**New Membership Application Form Patient Representative Group**

If you you would like to join our virtual group please complete the form below and return it to the practice – You must be a registered patient to join our group.

Name:

Address:

Postcode:

Email address (if applicable):

The following information will help to ensure we speak to a representative sample of the patients 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 | □ |  |  |

Which ethnic background do you represent?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **White** |  |  |  |  |  |
| British Group | □ | Irish | □ |  |  |
| **Mixed** |  |  |  |  |  |
| White & Black Caribbean | □ | White & Black African | □ | White & Asian | □ |
| **Asian or Asian British** |  |  |  |  |  |
| Indian | □ | Pakistani | □ | Bangladeshi | □ |
| **Black or Black British** |  |  |  |  |  |
| Caribbean | □ | African | □ |  |  |
| **Chinese or other ethnic Group** |  |  |  |  |  |
| Chinese | □ | Any other | □ |  |  |

Which of the following areas should we focus on (please tick all that apply):

|  |  |
| --- | --- |
| Getting an appointment |  |
| Clinical care |  |
| Telephone answering and access |  |
| Waiting room facilities |  |
| Customer service |  |
| Time keeping |  |
| Patient information |  |
| Opening times |  |
| Parking |  |
| Other (please specify) |  |

*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.*