

ARLINGTON ROAD PATIENT PARTICIPATION GROUP

APPLICATION FORM

All patients registered at the Arlington Road Medical Practice, over the age of 16, are eligible to join. The group is limited to a maximum of 20 members. **If you are interested in joining the group, please complete the form below and return it to Reception for the attention of the current Chair, Caroline Mallin.** We will contact you when a vacancy becomes available.

Title	
Surname	
First Name	
Date of Birth	
Address	
Telephone Number	
Email Address	

The information below will help us to make sure we receive input from a representative sample of the patients registered at this Practice.

Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Transgender <input type="checkbox"/> Intersex <input type="checkbox"/> I prefer not to say <input type="checkbox"/> Other
Age Group	<input type="checkbox"/> 17-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75-84 <input type="checkbox"/> 85+
Ethnic Group	<p>White</p> <input type="checkbox"/> English, Welsh, Scottish, Northern Irish or British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Roma <input type="checkbox"/> Any other White background, please write below

	<p>Mixed or Multiple ethnic groups</p> <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed or Multiple background, please write below <hr/>
	<p>Asian or Asian British</p> <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background, please write below <hr/>
	<p>Black, Black British, Caribbean or African</p> <input type="checkbox"/> Caribbean <input type="checkbox"/> African background, please write below <input type="checkbox"/> Any other Black, Black British or Caribbean background, please write below <hr/>
	<p>Other ethnic group</p> <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group, please write below <hr/>
How often you attend the Practice	<input type="checkbox"/> Regularly <input type="checkbox"/> Occasionally <input type="checkbox"/> Very rarely