**Sign up for our Patient Reference Group**

If you are happy for us to contact you periodically by email or post please complete your details below and email to: Tracy.bowden@gp-j81016.nhs.uk

Name: Click here to enter text.

Email Address: Click here to enter text.

Home Address: Click here to enter text.

Telephone: Click here to enter text.

Postcode: Click here to enter text.

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 [ ]  17 – 24 [ ]  25 – 34 [ ]  35 – 44 [ ]  45 – 54 [ ]  55 – 64 [ ]  65 – 74 [ ]  75 – 84 [ ]

The ethnic background with which you most closely identify is:

White: British [ ]  Irish [ ]

Mixed: White & Black Caribbean [ ]  White & Asian [ ]

White & Black African [ ]

Asian or Asian British: Indian [ ]  Bangladeshi [ ]  Pakistani [ ]

Black or Black British: Caribbean [ ]  African [ ]

Chinese or Other: Chinese [ ]  Any Other [ ]

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

Regularly [ ]  Occasionally [ ]  Very rarely [ ]  Other (eg Housebound) [ ]

Thank you

**Please note that we will not respond to any medical information or questions received.**

**By using this form you will be sending information about yourself across the Internet. Whilst every effort is made to keep this information secure, you should be aware that we cannot offer any guarantees of absolute privacy. If this matter concerns you then you should use another method of registration.**

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.