



Scarborough Medical Group

Patient Participation Group (PPG)

We are looking to expand our current Patient participation group (PPG).

We are looking for patients who would be willing to attend approximately 4 meetings per year which will be scheduled over lunchtime (attendance not essential 100% of the time).

It is important to us that our patient group includes as wider representation of our practice list as possible. Therefore, we ask that you complete this short application form so we can ensure we achieve this.

<i>Title (please tick or circle app box)</i>	Mr	Mrs	Miss	Ms
<i>First name:</i>				
<i>Surname:</i>				
<i>Email Address:</i>				
<i>Postcode:</i>				
The information below will help to make sure that we receive feedback from a representative sample of the patients registered at this practice.				
<i>Your gender:</i>	Male		Female	
<i>Your age (indicate appropriate age bracket):</i>	Under 16	17-24	25-34	35-44
	45-54	55-64	65-74	75-84
	Over 84			
The ethnic background with which you most closely identify is (please underline or circle):				
<i>White:</i>	British Group		Irish	
<i>Mixed:</i>	white & black Caribbean	white & black African	White & black Asian	
<i>Asian or Asian British:</i>	Indian	Pakistani	Bangladeshi	
<i>Black or black British:</i>	Caribbean		African	
About this form:				
Please note that we will not respond to any medical information or questions received through the survey. 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.

Please return this form to any of the branches within Scarborough Medical Group or email it to: hnyicb-ny.smg@nhs.net clearly marked for the attention of Alice Leckenby, Operations Manager. An email will be sent confirming the receipt of your application.

Thank you very much for your input, every opinion matters.