**THE BUSH DOCTORS PPG NEW JOINER FORM**

We welcome enquiries from patients who would like to join our patient group (PPG). If you are interested in helping the Practice improve, please fill out the form below to register your interest and we will be in touch.

Top of Form 1

**Name:**

**Email address:**

**Phone number:**

**Postcode:**

**Additional Information**

**Are you**:

Male Female

**Age group:**

under 16 17 - 24 25 - 34 35 – 44 45 - 54 55 – 64 65 - 74

75 - 84 over 85

**How would you describe how often you come to the Practice?**

Regularly Occasionally Very rarely

**How would you like to be involved?**

Become a member of the PPG and attend meetings?

Yes No

Fill in questionnaires by:

Post Email

Be kept informed of educational or other events or changes in the practice by:

Post Text Message Email

I would prefer to attend PPG meetings in the:

Morning Afternoon Evening

**Ethnicity**

To help us ensure our contact list is representative of our patient population and local community, please indicate which of the following ethnic backgrounds you would most closely identify with. Please select one option from the list below:

White British

White Irish

Other White

Black Caribbean

Black African

Other Black

Black Caribbean and White

Black African and White

Other Mixed

Indian

Pakistani

Bangladeshi

Other Asian

Other ethnic group

I do not wish to state

Bottom of Form 1