

Patient Participation Group

Would you like to have a say about the services provided at Northdown Surgery?
By signing up to our Patient Participation Group we can add you to a contact list that will mean we contact you by email/post every now and again to keep you informed of meetings and surveys etc.

Name:

Date of Birth:

Email Address:

Postcode:

This additional information will help to make sure that we try to speak to a representative sample of the patients that are registered at this practice.

Gender:

Age Group:

Under 16		17 – 24		25 – 34	
35 – 44		45 – 54		55 – 64	
65 – 74		75 – 84		85 and over	

To help us ensure our contact list is representative of our local community, please indicate with of the following ethnic background you would most closely identify with:

British		Scottish		Irish	
White		Mixed		Eastern European	
White & Black Caribbean		White & Black African		White & Asian	
Indian		Bangladeshi		Chinese	
Any other (please specify)					

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

Regularly ()

Occasionally ()

Very Rarely ()

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.