



Ball Tree Surgery

Ball Tree Surgery Patient Participation Group (PPG) New participant & consent to share contact information form

Dear Patient,

If you would like to become a member of the patient participation group, please complete the form below.

Within the form you will see that we are asking for your consent to enable us to share selected information with other PPG members and to ask for your permission for us to contact you by email and or text. Please answer each section. Any blanks will be assumed as a No.

If you are amendable to any /all of the below, please return the completed form to Claire Ogle at the surgery. We would recommend where possible that if you have provided an email address, it is personal to you. E.g. john.smith@gmail rather than johndandjanesmith@gmail.com

Please indicate which of the following information you would like to share

CONSENT FORM

Please complete the sections below	Sharing I agree to share with Ball Tree PPG Members	Sharing I agree to share with other local PPGs	Ball Tree Contact (Circle or delete as appropriate)
Your Personal Details Your name:	Yes / No	Yes / No	
Date of birth (to make sure we have the correct person!)	NOT SHARED	NOT SHARED	
Telephone numbers:			Ball Tree Contact I agree that the surgery can contact me by text
Home:	Yes / No	Yes / No	
Mobile:	Yes / No	Yes / No	Yes / No
Email address (if you have one)			I agree that the surgery can contact me by email
	Yes / No	Yes / No	Yes / No

To the Practice Manager,

I would like to join the patient participation group and I give my consent to Ball Tree Surgery to share my information and be contacted by the surgery according to the instructions above.

Signed _____

Date _____



ADDRESS
WESTERN ROAD NORTH
SOMPTING, LANCING
WEST SUSSEX
BN15 9UX

CONTACT
Tel: (01903) 752200
Fax: (01903) 768317

PARTNERS
DR DAVID HOBSON
DR SUNIL EMMANUEL
DR SHONA SCHOFIELD
DR KIM WILLIAMS
DR SHUAIB CHOWDHURY

ASSOCIATE DOCTORS
DR CHARLOTTE PAY
DR AMARYLLIS CAMPBELL
DR CHARLOTTE GILLAMS