Duncan Street

Blakenhall

Wolverhampton

WV2 3AN

Tel: 01902 459076

Fax: 01902 455309

GP Code: M92012

**Doctors**

Dr. A, Khan

Dr. S. Agarwal

Dr. S. Saini

Dr. S. Aggarwal

Dr. S. Nazir

**Practice Manager**

Mrs J. Squire

**Advance**

**Nurse Practitioners**

Sister R. Rawlinson

Sister L. Tipping

**Practice Nurses**

L. Anthony

K. Darley

**Healthcare Assistants**

M. Wilson

C. Baskeyfield

**Reception Manager**

Mrs A. Conlan

If you are interested in joining our PRG (Patient Reference Group ) please complete the form below and either email it to us at [wolccg.duncanstreet@nhs.net](mailto:wolccg.duncanstreet@nhs.net) or hand in to the reception at the practice.

If you have an e-mail facility, and are happy for us to contact you periodically by e-mail please leave your details below and hand this form back to reception.

*Name:………………………………………………..*

*Address:………………………………………………………………………………*

*Telephone number………………………………………*

*e-mail address:…………………………………………..*

*Postcode:………………………………………………,,..*

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

Are you? Male Female

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Age | Under 16 |  | 17 – 24 |  |
| 25 – 34 |  | 35 – 44 |  |
| 45 – 54 |  | 55 – 64 |  |
| 65 – 74 |  | 75 – 84 |  |
| Over 84 |  |  |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **White** |  |  |  |  |  |
| British Group |  | Irish |  |  |  |
| **Mixed** |  |  |  |  |  |
| White & Black Caribbean |  | White & Black African |  | White & Asian |  |
| **Asian or Asian British** |  |  |  |  |  |
| Indian |  | Pakistani |  | Bangladeshi |  |
| **Black or Black British** |  |  |  |  |  |
| Caribbean |  | African |  |  |  |
| **Chinese or other ethnic Group** |  |  |  |  |  |
| Chinese |  | Any other |  |  |  |

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

|  |  |
| --- | --- |
| Regularly |  |
| Occasionally |  |
| Very rarely |  |

***Please note: no medical information or questions will be responded to.***

*The information you supply us with 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.*

*Thank you for completing this form*

*Signature……………………….Date…………...*