



Signing Up For Our Patient Participation Group

If you are happy for us to contact you periodically by email please leave your details below and hand this form in at reception.

Name:

Email Address:

Telephone:

Postcode:

The information below will help to make sure that we receive feedback from a representative sample of the patients registered at this practice.

- Your Gender: Male Female Transgender Non-binary/non-conforming
- Prefer not to respond.

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

The ethnic background with which you most closely identify is: White British Group Irish
Mixed White & Black Caribbean White & Asian White & Black African

Asian or Asian British Indian Bangladeshi Pakistani Black or Black British Caribbean
African Chinese or Other Chinese Any Other

How would you describe how often you come to the practice? Regularly Occasionally
Very rarely

Thank you