**Patient Participation Group Enquiry/ Application Form**

|  |  |  |
| --- | --- | --- |
| Name | Address | Contact details |
|  |  | Tel:  Email: |

We would like to make sure our patient group represents the range of patients in our practice. It would help if you would answer the questions below which are designed to do this. Just leave any blank if you do not wish to answer these.

Delete or ring as appropriate

|  |  |  |
| --- | --- | --- |
| Gender | Male / Female | |
| Marital Status | Married / Single / Divorced / Widowed | |
| Age | Under 16  17-24  25-34  35-44 | 45-54  55-64  65-74  Over 74 |
| Ethnic Origin | White British  White Irish  Other White Background  Indian  Pakistani  Bangladeshi  Chinese  Other Asian Background | Mixed White and Black Caribbean  Mixed White and Black African  White and Asian  Other Mixed Background  Caribbean  African  Other Black Background  Other  Not given |
| Do you consider yourself to have a disability? | YES / NO  If Yes, please provide brief information: | |

**Thank you for expressing your interest. All applications/ enquiries will be acknowledged and you will hear from us again soon.**