**Signing Up For Our Patient Participation Group**

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 □ |
|  |  |  |
| 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

**Please note that we will not respond to any medical information or questions received through the survey.**