

Whittle Surgery

PATIENT PARTICIPATION GROUP SIGN UP FORM

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:

Address:

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Telephone No:

Email Address:

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

Age: Group	Under 16	<input type="checkbox"/>	17 – 24	<input type="checkbox"/>
	25 – 34	<input type="checkbox"/>	35 – 44	<input type="checkbox"/>
	45 – 54	<input type="checkbox"/>	55 – 64	<input type="checkbox"/>
	65 – 74	<input type="checkbox"/>	75 – 84	<input type="checkbox"/>
	Over 84	<input type="checkbox"/>		<input type="checkbox"/>

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

Thank you.

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

The information you supply us 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.