



Patient Participation Application Form

Patient Participation Group

Would you like to have a say about the services we provide?

PPG's were set up to provide a communication link between GP's and their patients so that each could better understand the needs of the other.

PPG's can benefit both patients and practices.

Name	Address	Telephone Numbers	Email address

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 just this. Just leave blank any that you do not wish to answer. Please delete or ring as appropriate

Gender	Male/Female
Marital Status	Married/Single/Other
Age	Under 18 19-29 30-39 40-49 50-59 60-69 Over 70
Ethnic Origin	White British White Irish Other White Background Mixed White & Black Caribbean Mixed white & Black African White & Asian Other Mixed Background Indian Pakistani Bangladeshi Other Asian Background Chinese Caribbean African Other Black Background Other Not Indicated

How often are you in the Practice?	
Do you use other health services outside The practice? (e.g. Hospitals, clinics or emergency doctors?) Please list	

Virtual or patient representative member?

Virtual Members - Are you happy to be contacted via email or by post no more than 5 times a year to give us your views and to receive quarterly newsletter?

Patient Representatives – Would you like to be more actively involved in the PPG and attend meetings and focus groups?

Question 1: Would you like to be a virtual member or a patient representative of the Old Town Surgery patient participation group?

Question 2: Do you have any suggestions for consideration for the patient survey for 2012?

Question 3: Suggestions/Objectives for the PPG for 2012

Please return this form to OTS or email: ppg.ots@nhs.net

Thank you for expressing your interest.

All applications/enquiries will be acknowledged and you will hear from us again soon