Virtual Patient Participation Group Sign-up Form

Would you like to make stronger the relationship between patients and the Practice - then join our Virtual Patient Participation Group (VPPG)?

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

Full Name: ……………………………………………………………………

Email address: …………………………………………………………………………..

Telephone: …………………………………………………………………………..

Postcode: …………………………………………………………………………..

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

**Your gender:** Male 🞏 Female 🞏

**Your age:** Under 16 🞏 17-24 🞏

25-34 🞏 35-44 🞏

45-54 🞏 55-64 🞏

65-74 🞏 75-84 🞏

Over 84 🞏

**The ethnic background with which you most closely identify is:**

**White** British 🞏 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** 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 individual personal medical information or questions received through the format of the Virtual Patient Participation Group.**

*The information you supply us will be used lawfully, in accordance with the Data Protection Act 1998.*