

## PATIENT PARTICIPATION GROUP ENQUIRY / APPLICATION FORM

NAME	ADDRESS	E MAIL / PHONE NUMBER (INDICATE PREFERRED CONTACT METHOD)

We would like to make sure our patient group represents the diverse range of patients in our practice, and the questions below are designed to help us achieve this. Please leave any sections blank if you do not wish to answer them. Delete or ring your answer as appropriate.

Gender	Male / Female
Marital status	Married / Single
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 White and Black Caribbean White and Black African White and Asian Other Mixed Background Indian Pakistani Bangladeshi Other Asian Background Caribbean African Other Black Background Chinese Other Prefer not to say

How often do you use the practice?	
Do you use other health services outside the practice (e.g. hospitals, clinics or emergency doctors) Please list any examples.	

Thank you for expressing your interest in the surgery's PPG.