

Patient Participation Group Registration

Patient First Names: *

Patient Last Name: *

Patient Date of Birth: *

Patient Phone Number:

Patient Email:

Sex: *

Postcode: *

Address (including postcode): *

The Patient Participation Group is run on a voluntary basis and has an elected chair person, secretary and published minutes. We aim to represent all patients of the surgery and therefore welcome applications from as many types of user groups as possible.

We look forward to reading your response to the following questions.

Why do you wish to become a member of the Patient Participation Group?

Please tell us about any previous experience and/or activities that you think are relevant to becoming a member of the PPG:

Are you able to commit to four formal meetings per year to be held on a Thursday evening at 19.00

Yes

No

Are you able to attend planning meetings when required (approx. 4 per year)

Yes

No

Please confirm that you have read and understood the PPG terms of Reference.

Yes

No

Do you give permission for the surgery to share your information with the PPGT committee? *

Yes

No

Signed: