

# Patient Participation Group Registration

Patient First Names: \*

Patient Last Name:\*

Patient Date of Birth:\*

Patient Phone Number:

Patient Email:

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.*

Please could you provide us with some details about yourself.

What skills/experience do you have which are relevant to this role?

Are you able to commit to four formal meetings per year to be held on a Thursday evening at 7.15pm

☐ 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 PPG committee? \*

☐ Yes ☐ No

Signed: