***Horsmans Place Surgery***

If you would like to join the Horsmans Place Patient Participation Group [HPPPG], please fill out this form and hand it in to Reception. For the attention of: Denise Barnett

*Name:
Email address [if you have one]:
Postcode:*

This additional information will help to make sure we make our group as representative as possible of the patients that are registered at this Practice.

Are you? Male □ Female □

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Age: Group | Under 16 | □ | 17 - 24 | □ |
|  | 25 – 34 | □ | 35 – 44 | □ |
|  | 45 – 54 | □ | 55 – 64 | □ |
|  | 65 – 74 | □ | 75 - 84 | □ |
|  | Over 84 | □ |  |  |

To help us ensure our contact list is representative of our local community please indicate which of the following ethnic background you would most closely identify with?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **White** |  |  |  |  |  |
| British Group | □ | 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 ethnic Group**  |  |  |  |  |  |
| Chinese | □ | Any Other | □ |  |  |

How would you describe how often you come to the practice?

|  |  |
| --- | --- |
|  Regularly | □ |
| Occasionally  | □ |
| Very rarely  | □ |

Please add any ‘special’ needs you may have that it would be useful for us to know when collecting our results, for e.g. hard of hearing or partially sighted etc:

……………………………………….

*Thank you.*

*Please note that no medical information or questions will be responded to. The information you supply us will be used lawfully, in accordance with the Data Protection Act 1998. The Data Protection Act 1998 gives you the right to know what information is held about you, and sets out rules to make sure that this information is handled properly.*