

Patient Participation Group (PPG) Expression of Interest / Sign Up



Name:

Email Address:

Telephone:

Postcode:

Please outline why you would like to be involved in Scartho Medical Centres' PPG?

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.....

What do you feel you can bring/add to Scartho Medical Centres' PPG?

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.....
.....

To ensure a broad range of participation and feedback from our PPG we offer 3 levels of membership:

Armchair membership (receive updates by post with feedback forms)

Virtual membership (via email)

Physical membership (attending the meetings)

Please indicate what type of membership you would prefer:.....

Please indicate what days/times would be most convenient for you:

.....
.....

The information below will help to make sure that we receive feedback from a representative sample of the patients registered at this 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: British Group Irish

White & Black Caribbean White & Black African
White & Asian

Indian Pakistani
Bangladeshi
Caribbean African
Chinese Any Other

How would you describe how often you come to the practice? Regularly Very rarely
Occasionally