

**PATIENT PARTICIPATION GROUP MEMBERSHIP FORM
2015/16**

Thank you for joining St Richard’s Road Surgery Patient Participation Group (PPG), in order to ensure we hold the correct information for you please would you complete this PPG Membership Form, which will enable us to make sure we can contact you with updates and information, and to collect feedback on practice and local services.

Full name (*block capitals*):

Email address:

Contact tel. no:

House number:

Postcode:

We need to know if you wish to form part of our virtual group or membership group. Please let us know by the type of group membership you would prefer, by ticking the virtual group this does not mean you cannot attend membership group meeting, it just enables us to ensure that the virtual group members receive information which may have been discussed at a membership meeting and can provide feedback via email to the practice.

*Membership Group (you would prefer to attend PPG meetings – see below)		Virtual Group (you would prefer to receive information and provide feedback via email)	
--	--	---	--

*As part of the **Membership Group** I understand that my name will appear on minutes and be available to patients and the public.

Confidentiality statement:

During the course of your membership of the Patient Participation Group activities within the practice you may hear or see information about staff, patients or other matters.

The disclosure of this information to anyone is considered to be serious misconduct and could contravene the Data Protection Act 1998.

Unauthorised disclosure of confidential information is a serious matter for you, the patients and the practice and could lead to legal action to all parties involved.

I have read and understood the confidentiality statement above.

Signed:

Date:

PLEASE COMPLETE THE EQUALITY MONITORING ON THE REVERSE OF THIS FORM (this information is required to ensure that the PPG is representative of the practice population).

**PATIENT PARTICIPATION GROUP MEMBERSHIP FORM
2015/16**

Which practice do you feel you represent (please tick)?

St Richard's Road Surgery:		Golf Road Surgery:		Both surgeries:	
-----------------------------------	--	---------------------------	--	------------------------	--

Equality monitoring:

We would like for the group to be representative of the practice population in terms of gender, age and ethnic background and other members of the practice population, and for this reason we need to collect the following information:

AGE/SEX (please tick):

Gender:	Male	Female

Age:	<16	17-24	25-34	35-44	45-54	55-64	65-74	> 75

ETHNICITY (please tick):

Ethnicity:	White				Mixed/ multiple ethnic groups			
	British	Irish	Gypsy or Irish traveller	Other white	White &black Caribbean	White &black African	White &Asian	Other mixed

Ethnicity:	Asian/Asian British					Black/African/Caribbean/Black British			Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other Asian	African	Caribbean	Other Black	Arab	Any other

DISABILITY (please tick):

Do you have a disability?	YES	NO