**PATIENT PARTICIPATION GROUP APPLICATION**



Personal DetailsTop of Form

Full Name

Address

Daytime Telephone Number

Mobile Telephone Number

Email Address

Your Gender

* Female
* Male

Your Age Group

Under 16

16 to 24

25 to 34

35 to 44

45 to 54

55 to 64

65 to 74

75 and over

Your Ethnicity

Please indicate which of the following ethnic background you would most closely identify with:

White British

Black, Black/British

White Other European

Chinese, Chinese/British

Other Details

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

Regularly

Occasionally

Very rarely

Which type of PPG group would you prefer to belong to?

Virtual PPG

You do not attend meetings, but you wish to be sent questionnaires and queries via post, email or text message link.

PPG Patient Connect

You attend scheduled meetings some of these may be virtual meetings) to discuss opinions and approaches to different agenda items, and you will be included in the agenda. If you submit this option, the PPG will contact you in due course with more information regarding the next PPG Meeting.

\*Please return this application form to

Nikki Walker, Assistant Practice Manager.

Harrowby Lane Surgery, Harrowby Lane, Grantham. NG31 9NS

Or email [Nicola.Walker30@nhs.net](mailto:Nicola.Walker30@nhs.net)