

Warwick Square Group Practice

VIRTUAL PATIENT PARTICIPATION GROUP APPLICATION FORM

If you are interested in getting involved and you are happy for the practice to periodically email you, please complete and return this form to reception.

Name:		Postcode:	
Email Address:		Tel No.	

This additional information will help to make sure we try to speak to a representative sample of the patients that are registered at this Practice.

Are You?	Male		Female	
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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	
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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.