

Sign up to our Patient Participation Group

The practice wishes to expand on our current Patient Participation Group in order to consult with patients from time to time. If you would like to join our group, please print out and complete this form.

Title: Mr Mrs Miss Ms (please circle)

First Name: _____ Surname/Family Name: _____

Email: _____ Telephone Number: _____

Address: _____

Post Code: _____

Your Gender: Male Female

Your Age: Under 16yrs 17 – 24yrs 25 – 34yrs 35 – 44yrs 45 – 54yrs
55 – 64yrs 65 – 74yrs 75 – 84yrs Over 84yrs

With which of the following ethnic backgrounds would you most closely identify?

White: British Group Irish

Mixed: White & Black Caribbean White & Black Asian White & Asian

Asian or Asian British: Indian Pakistani Bangladeshi

Black or Black British: Caribbean African

Chinese or other ethnic Group: Chinese Any other _____

How often do you visit the practice? Regularly Occasionally Rarely

Are you? Employed Unemployed Retired School Student Student/Durham University

Are you? A Carer Are you responsible for anyone with learning disabilities?

Please indicate your health priorities: _____

Once completed, please return this form Brandon Lane Surgery

Please note that we will not respond to any medical information or questions received through the survey. 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.

Please note that by using this form you will be sending information about yourself across the Internet. Whilst every effort is made to keep this information secure, you should be aware that we cannot offer any guarantees of absolute privacy. If this matter concerns you then you should use another method of registration.

Personal information retained on this system is stored in a secure data centre located in the UK and is treated as confidential.