

Sunbury Health Centre

Patient Participation Group

Membership Application

Name and Title

Address:

Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

Date of Birth: Day _____ Month _____ Year _____

The information below will help to make sure that we receive feedback from a representative sample of the patients registered at this practice.

Please tick appropriate category:

Your Gender: Male _____ Female _____

Your Age: Under 16 _____ 17 – 24 yrs _____ 25 – 34 yrs _____

34 – 44 yrs _____ 45 – 54 yrs _____ 55 – 64 yrs _____

65 – 74 yrs _____ 75 – 84 yrs _____ Over 84 yrs _____

The ethnic background with which you most closely identify is:

White: British Group _____ Irish Group _____

Mixed: White and Black Caribbean _____ White and Black African _____

White and Asian _____

Asian or Asian British: Indian _____ Pakistani _____

Bangladeshi _____

Black or Black British: Caribbean _____ African _____

Chinese or Other: Chinese _____ Any Other _____

How would you describe how often you visit the Practice?

Regularly _____ Occasionally _____ Rarely _____

Please note that we shall not respond to any medical information or questions received through this application.

Thank you
SUNBURY HEALTH CENTRE PATIENT PARTICIPATION GROUP

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.

