

Gosberton Medical Centre

PATIENT PARTICIPATION GROUP APPLICATION FORM



Making Services Better: Your Views



Gosberton Medical Centre is committed to improving the services we provide to our patients.

To do this, it is vital that we hear from people like you about your experiences, views, and ideas for making services better.

If you are interested in getting involved, please complete and return this form to the Practice Manager, Simon Walsh.

By expressing your interest, you will be helping us to plan ways of involving patients that suit you.

It will also mean we can keep you informed of opportunities to give your views and up to date with developments within the practice.

Name:		Postcode:	
Email Address:			

What sort of things might you be interested in taking part in?

Please tick all Blank boxes that apply to you.

Attending meetings during the day	
Attending meetings during the evening	
Questionnaires	
Telephone Interviews	
Face to face interviews	
Receiving newsletters and updates	
Other events and initiatives	
Please tell us if you have any ideas about other ways you could tell us your views:	

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	
Age Group	Under 16		17 – 24	
	35 – 44		45 – 54	
	65 – 74		75 – 84	
	25 – 34		65 – 64	
			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	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Mixed:			
White & Black Caribbean	<input type="checkbox"/>	White & Black African	White & Asian <input type="checkbox"/>
Asian or Asian British:			
Indian	<input type="checkbox"/>	Pakistani	Bangladeshi <input type="checkbox"/>
Black or Black British:			
Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>
Chinese or other ethnic Group:			
Chinese	<input type="checkbox"/>	Any Other	<input type="checkbox"/>

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

Regularly	<input type="checkbox"/>	Occasionally	<input type="checkbox"/>	Very rarely	<input type="checkbox"/>
-----------	--------------------------	--------------	--------------------------	-------------	--------------------------

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.