

THE BELL SURGERY

PATIENT PARTICIPATION GROUP

SIGN UP FORM

Sign up if you would like to join our Patient Panel Group please complete your details below and either email to thebellsurgery@nhs.net or hand to a member of the reception team.

I would like to join:

The Bell Surgery PPG or as a Patient Voice member or the Online Patient Group

Name:

Email Address:

Telephone:

Postcode:

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

Your Gender: Male Female

Your Age:

Under 16	<input type="checkbox"/>	17-24	<input type="checkbox"/>
25-34	<input type="checkbox"/>	35-44	<input type="checkbox"/>
45-54	<input type="checkbox"/>	55-64	<input type="checkbox"/>
65-74	<input type="checkbox"/>	75-84	<input type="checkbox"/>
Over 84	<input type="checkbox"/>		<input type="checkbox"/>

The ethnic background with which you most closely identify with is:

White	British Group	<input type="checkbox"/>	Irish	<input type="checkbox"/>		
Mixed	White & Black Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>
Asian or Asian British	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Black or Black British	Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>		
Chinese or other	Chinese	<input type="checkbox"/>	Any other	<input type="checkbox"/>		

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

Regularly Occasionally Very Rarely

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.