BINSCOMBE MEDICAL CENTRE

PATIENT PARTICIPATION GROUP (PPG) – APPLICATION FORM

Membership of the PPG is open to all patients and staff of the practice as well as representatives and carers of patients who are registered elsewhere. If you are interested in becoming a member, please complete this form in BLOCK CAPITALS.

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Contact Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are not registered at Binscombe Medical Centre, please indicate below details of the patient you are representing, or whom you are a carer for.

Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give a brief summary of your reasons for wanting to join the PPG

Please provide details of any relevant background of experience you may have, or any particular patient demographic or cultural group you represent

\* Our main method of communication will be by email; if you would prefer us to communicate to you by post, please tick here

If you are interested in becoming a committee member, please tick here

Thank you for your interest in becoming a member of the PPG. Please be aware that your application will be considered based on the experience and diversity you can bring to the group. Your application will be treated in confidence and you will be notified within one month of the closing date.

Please tick to acknowledge the above

Please return completed forms to Binscombe Medical Centre FAO Emma Phillips (Practice Manager)