

## Sign up Patient Representation Group

Please complete details below and hand this form to the reception.

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Postcode: \_\_\_\_\_

Your Gender:                      Male                       Female

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

Ethnic background

White	British Group <input type="checkbox"/>	Irish <input type="checkbox"/>
Mixed	White & Black Caribbean <input type="checkbox"/> White & Asian <input type="checkbox"/>	White & Black African <input type="checkbox"/>
Asian or Asian British	Indian <input type="checkbox"/> Bangladeshi <input type="checkbox"/>	Pakistani <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 often you visiting the practice?

Regularly                       Occasionally                       Very rarely

**Please note that we will not respond to any clinical questions 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.