



PATIENT PARTICIPATION GROUP

If you are happy to be part of the Patient Participation Group please complete the form below and return it to the Practice as soon as possible.

Name:

.....

Address:

.....

Postcode:

.....

Email address:

.....

Male

Female

Age

16 – 25

26 – 35

36 – 45

46 – 55

56 – 65

Over 66

Which ethnic background do you represent?

British group

Irish

Indian

Pakistani

Bangladeshi

Caribbean

African

Chinese

White & Black Caribbean

White & Black African

White & Asian

Any other

I have no wish to state my ethnicity

Which of the following areas should we focus on (please tick all that apply)

Getting an appointment

Clinical care

Telephone answering & access

Waiting room facilities

Customer service

Time keeping

Patient information

Opening times

Other (please specify)

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Consent – I..... grant permission for my contact details to be passed to a fellow member of Hawthorn Medical Practice Patient Participation Group (PPG) for the sole purpose of PPG matters.

Signed.....Date.....

Hawthorn Medical Practice will NOT release PPG members details to any unauthorised third party