**Deane Clinic – Patient Participation Group Application Form**

|  |  |
| --- | --- |
| Forename | Surname |
| Date of Birth | Address |
| Contact DetailsHome TP No ………………………………………………………………………Mobile No ……………………………………….……………………………..Email address ……………………………………………………………………… |

If it was found that a meeting at the surgery would be necessary occasionally would you be prepared to attend if asked?

Yes No

If yes, what time would be most convenient to you?

Evenings (7:00 – 8:00pm)

Saturdays (1:00 – 2:00pm) 

This additional information will help us make sure we speak to a representative sample of our patient population

Are you ? Male Female

|  |
| --- |
| **Age Group – Please tick**  |
| Under 16 | 17 - 24 |
| 25 - 34 | 35 - 44 |
| 45 - 54 | 55 - 64 |
| 65 - 74 | 75 - 84 |
| Over 84 |  |

To help us ensure out 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 |  | Irish |  |  |  |
| **Mixed:**  |
| White Black Caribbean |  | White & Black African |  | White & Asian |  |
| **Asian & Asian British** |
| Indian |  | Pakistani |  | Bangladeshi |  |
| **Black or Black British** |
| Caribbean |  | African |  |  |  |
| **Chinese or other ethnic Group** |
| Chinese |  | Any OtherOther Please State:……………………………………………………………………... |

**Thank you**

**About This Form**

Please note that we will not respond to any medical information or questions received 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 set out rules to make sure that this information is handled properly.

Please note that by using this form you will be sending information about yourself across the Internet. Whilst every effort is being made to keep this information secure, you should be aware that we cannot offer any guarantee of absolute privacy. If this matter concerns you then you should use another method of registration (please complete the application form and send it to the practice)

Personal information retained on this system is stored in a secure data centre located in the UK and is treated as confidential.