**The Stanmore Medical Centre & Stanmore Park Medical Centre**

**PATIENT PARTICIPATION GROUP SIGN UP FORM**

Please note that your sign up form will be sent to the Patient Participation Group Chair & the details you complete will be available to them to use to contact you in relation to PPG issues. This is not to be used for clinical or Practice administrative enquiries.

**FULL NAME ­**

**EMAIL ADDRESS**

**CONTACT NO. (landline/mobile)**

**POSTCODE**

The following information will help us understand that we receive feedback from a respresentative sample of the patients registered at the practice.

**Gender Male**  **Female**

**Your Age Under 16**  **17-24**

**25 – 34**  **35 – 44**

**45- 54**  **55 – 64**

**65 – 74**  **75 – 84**

**85 or over**

**Which ethnic group do you most closely identify with?**

|  |  |  |
| --- | --- | --- |
| ***White*** | British | Irish |
| ***Mixed*** | White & Black Caribbean  White & Asian | White & Black African |
| ***Asian or Asian British*** | Indian □ Bangladeshi | Pakistani |
| ***Black or Black British*** | Caribbean | African |
| ***Chinese or Other*** | Chinese | Any Other |