**Essex Way Surgery**

**Patient Participation Group (PPG)**

**Please tick one of the following boxes:**

🞎 I wish to join the PPG as an **Actual Member** (able to attend meetings/events)

🞎 I wish to join the PPG as a **Virtual Member** (able to participate via email communication)

**PLEASE PRINT YOUR DETAILS**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** | Post Code |
| **Telephone** | Landline:Mobile: |
| **Email Address** |  |

**The information below will help to make sure that we receive feedback from a representative sample of the patients registered at this Practice.**

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

White British 🞎 Irish 🞎

White & Black African 🞎 White & Black Asian 🞎

White & Black Caribbean 🞎 Indian 🞎

Pakistani 🞎 Bangladeshi 🞎

Caribbean 🞎 African 🞎

Chinese 🞎 Other 🞎

Prefer not to say 🞎

**Gender Age**

Male 🞎 Under 18 🞎

Female 🞎 18-24 🞎

Prefer not to say 🞎 25-34 🞎

 35-44 🞎

 45-54 🞎

 55 and over 🞎

**How would you describe how often you come to the Practice?**

Regularly 🞎 Occasionally 🞎 Very Rarely 🞎

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 General Data Protection Regulation (GDPR).

The GDPR 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.