

Cliff Villages Medical Practice - Patient Participation Group

We want to ensure that the views of patients and carers are being fed into the practice regarding the services we deliver and any changes or new services that are being considered.

To do this we are compiling a contact list of email addresses so that we can contact you by email every now and again to ask you a question or two.

Are you interested in giving your views?

Please provide your contact details on this form; we will only use information to contact you and will keep your details safely.

If you are happy for us to contact you periodically by email please complete your details below and hand this form in to reception.

Name:

Email address:

Postcode:

This additional information will help to make sure we try to speak to a representative sample of the patients registered at this practice.

Are you? Male Female

| | | | | |
|------------|----------|--------------------------|-------|--------------------------|
| Age: Group | Under 16 | <input type="checkbox"/> | 17-24 | <input type="checkbox"/> |
| | 25-34 | <input type="checkbox"/> | 35-44 | <input type="checkbox"/> |
| | 45-54 | <input type="checkbox"/> | 55-64 | <input type="checkbox"/> |
| | 65-74 | <input type="checkbox"/> | 75-84 | <input type="checkbox"/> |
| | Over 84 | <input type="checkbox"/> | | |

To help us ensure our contact list is representative of our local community please indicate which if the following ethnic background you would most closely identify with?

| | | | | | | | | |
|-------------------------------|--------------------------|----------------------|--------------------------|--------------------------|--------------------------|-------------|--------------------------|--------------------------------------|
| White | | | | | | | | |
| British group | <input type="checkbox"/> | Irish | <input type="checkbox"/> | Gypsy or Irish traveller | <input type="checkbox"/> | Other white | <input type="checkbox"/> | |
| Mixed | | | | | | | | |
| White &black Caribbean | <input type="checkbox"/> | White &black African | <input type="checkbox"/> | White & Asian | <input type="checkbox"/> | Other mixed | <input type="checkbox"/> | |
| Asian or Asian British | | | | | | | | |
| Indian | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> | Chinese | <input type="checkbox"/> | Other Asian <input type="checkbox"/> |
| Black or black British | | | | | | | | |
| Caribbean | <input type="checkbox"/> | African | <input type="checkbox"/> | Other black | <input type="checkbox"/> | | | |
| Other ethnic group | | | | | | | | |
| Arab | <input type="checkbox"/> | Any other | <input type="checkbox"/> | | <input type="checkbox"/> | | | |

How would you describe how often you come to the practice?

| | |
|--------------|--------------------------|
| Regularly | <input type="checkbox"/> |
| Occasionally | <input type="checkbox"/> |
| Very rarely | <input type="checkbox"/> |

Thank you.

Please note that no medical information or questions will be responded to.

The information you supply us with will be used lawfully, in accordance with the Data Protection Act 1988. The Data Protection Act 1988 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.