



Patient Participation Group Membership Application

Mission Statement

It is the mission of the Patient Participation Group (PPG) to work with the practice, as representatives of the patient population, in pursuit of their vision for quality care in the community.

I would like to join the Patient Participation Group. I understand the purpose of the group is to promote effective communication between patients and the practice and to act as advocates for the practice.

Patient Details

Name:

Email address:

Postcode:

This additional information will help to make sure that our PPG is representative of the practice population.

Are you? Male Female

Age: Group Under 16 17 – 24 25 – 34 35 – 44

 45 – 54 55 – 64 65 – 74 75 – 84

 Over 84

Ethnicity:

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

Regularly Occasionally Very rarely

Are you a parent or carer?

Parent How old are your children?

Carer Who do you care for?

I give consent for these details to be held in connection with Banchory Group Practice Patient Participation Group.

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

Thank you for your interest in joining the group. Your application will be submitted for approval at the Annual General Meeting in April.