

Scott Park Surgery

Active or Virtual Patient Reference Group Contact Form

If you are happy for us to contact you periodically about your experiences and views on improving services and communications, please leave your details below and hand this form back to our Reception Staff. **Please only apply for 'active' member if you are happy to share your email address with other active PPG members.**

I wish to be an active* / virtual * PPG member (*please delete as appropriate)

*Name.....

Address.....

..... Tel.....

*Email.....

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

Are you? Male Female

Age group Under 16 16-24 25-34 35-44 45-54 55-64
65-74 75-84 84 and over

Ethnic origin (please circle as appropriate)

White British Other.....

Mixed White & Black Caribbean White & Black African
White & Asian Other.....

Asian or Asian British Indian Pakistani
Bangladeshi Other.....

Black or Black British Caribbean African Other.....

Chinese or Other Ethnic Group Chinese Other.....

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

Regularly Occasionally Very rarely

Thank you.

* The information you supply will be used to contact you by email for your opinion on a range of topics in connection to the PRG and its business or will be shared with other active PPG members if applicable. **Please note that no medical information or questions will be responded to.**

≠Please note that consent to contact via mobile phone (phone call or SMS) will be assumed when a mobile phone number is provided to the Practice unless advised by you.