## 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)

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	I	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 8	k Black C	Caribbean	White & Black	African	
		White 8	k Asian		Other		
Asian or Asian British		Indian			Pakistani		
		Banglad	leshi		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.