

Dear Patient,

Would you like to have a say about the services provided at Banchory Group Practice?

We appreciate that not everyone has the time to give to attend meetings so we are setting up a 'Virtual' Practice Group in addition to our existing group. This is an email community of patients allowing you to give your views and be a part of the decisions we make even if you don't have a lot of free time.

If you are happy for us to contact you periodically by email please leave your details below and hand this

form back to r	eception.							
Name:								
Email address	:							
Postcode:								
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 45 – 54 Over 84		17 – 24 55 – 64		25 – 34 65 – 74		35 – 44 75 – 84	
To help us ensure our contact list is representative of our local community please indicate which of the following ethnic background you would most closely identify with?								
White:	British Group		Europe	pean 🗆				
Mixed:	White & Black	Caribb	ean 🗆 White & Black African 🗆			White & Asian □		
Asian or Asian British: Indian				Pakistani □		Bangladeshi □		
Black or Black British: Caribb			ean 🗆	African 🗆				
Chinese or other ethnic Group:			Chinese □		Any Other □			
How would you describe how often you come to the practice?								
Regularly Occasionally			Very rarely □					
Are you a pare	ent or carer?							
Parent	How old are your children?							
Carer □	Who do you care for?							

Please note that no medical information or questions will be responded to. The information you supply us will be used lawfully, in accordance with the Data Protection Act 1998. The Data Protection Act 1998 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.

Thank you.