

**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 with be submitted to the group for approval.