



Patient Participation Group

Thank you for expressing an interest in becoming involved in the above group.

So what do we need you for? Well, we need patient feedback and input to help us progress current issues, provision of services and any future developments that the Practice becomes involved in.

The required commitment will be meeting approximately three times a year for roughly 1 hour in the early evening.

The number of patients in the group will determine if we select you to become part of the group and we will advise you if we need you as soon as possible.

Please complete the details below and hand the form back to one of our Receptionists.

Name: _____

Address: _____

Telephone/Mobile No: _____

Email Address: _____

Date of Birth: _____

Occupation: _____

Availability: _____