Forest Road Medical Centre 354-358 Forest Road London E17 5JL

Telephone Number: 020 8520 7115



## PATIENT PARTICIPATION GROUP APPLICATION FORM

If you are happy for us to contact you periodically by email please complete your details below and hand this form back to either reception, a patient group representative, or post in the 'secure box'.

•	, ,					
Name: Email addres	s:					
Postcode:						
	al information we patients registe	•		we try to s	peak	to a representative
Are you a car	er? Ye	s ?		No 🛚		
Are you?	Male ?	Female 🛚				
	Age Group:	Under 16	?	17 - 24	?	
		25 - 34	?	35 - 44	?	
		45 - 54 🖸	?	55 - 64	?	
		65 - 74	?	75 - 84	?	
		Over 84	?			

To help us ensure our contact list is representative of our local community please indicate which if the following ethnic background you would most closely identify with?

Are you?										
British Group	?	Irish	?	Gypsy or Irish Traveller		Other White	?			
Mixed										
White & Black	?	White &	?	White and Asian		Other Mixed	?			
Caribbean		Black								
		African								
Indian	?	Pakistani	?	Bangladeshi	?	Chinese	?			
Caribbean	?	African	?	Other black	?	Other Asian	?			
Other Ethnic Group										
Arab	?									

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

Regularly		
Occasionally		
Very rarely	?	

## THANK YOU VERY MUCH FOR YOUR PARTICIPATION

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 GDPR (GENERAL DATA PROTECTION REGULATION) of May 2018. the GDPR (GENERAL DATA PROTECTION REGULATION) of May 2018 gives you the right to know what information is held about you and sets out the rules to make sure that this information is handled properly.