

Falldon Way Medical Centre

In order to improve the service we deliver, we would like to set up a Patient Participation Group to occasionally ask for views on a range of subjects relating to the Surgery. We would also like to be able to email newsletters, and any other useful information. Initially we will try this new scheme out for 1 year.

If you would like to be involved, please complete this form and hand it to a receptionist. Any views or comments you give will be anonymised, and will have no effect on your medical treatment or care provided by Falldon Way Medical Centre.

Because we will not be linking your membership to this group with your medical record, we would ask that you tick the appropriate boxes so that we can ensure we are obtaining views from every group within our community.

Your Name: Email Address:

(If you do not have, or would rather not use an email address, please enter a contact telephone number so that we can discuss an alternative method of communication.)

I confirm that I am a patient at Falldon Way Medical Centre

Are you: Male Female

Are you: Under 16 17 – 24 25 – 34
 35 – 44 45 – 54 55 – 64
 65 – 74 75 – 84 Over 84
 Prefer not to state

Are you a parent of children? Yes No
 Under 5 5 – 15 15 - 18

Are you a carer (defined as someone unpaid to look after a relative or friend)? Yes No

Do you have a disability Yes No

Are you: Employed A student Retired Unemployed

Ethnicity – please tick the one that applies:

<i>White</i>	British	<input type="checkbox"/>
	Irish	<input type="checkbox"/>
	Other White (eg European)	<input type="checkbox"/>

<i>Mixed</i>	White & Black Caribbean	<input type="checkbox"/>
	White & Black African	<input type="checkbox"/>
	White & Asian	<input type="checkbox"/>
	Other (Mixed background)	<input type="checkbox"/>

<i>Asian or British Asian</i>	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>
	Other (Asian background)	<input type="checkbox"/>

<i>Black or Black British</i>	Caribbean	<input type="checkbox"/>
	African	<input type="checkbox"/>
	Other (Black background)	<input type="checkbox"/>

<i>Chinese</i>	Chinese	<input type="checkbox"/>
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<i>Other Ethnicity</i>	Other than listed above	<input type="checkbox"/>
	I do not wish to state	<input type="checkbox"/>

You may leave this group at any time, by notifying the Practice Manager. Your email/contact details will NOT be shared with other patients, or outside organisations. If you have any queries regarding confidentiality, please ask to speak to our Practice Manager.

This group will be able to discuss general issues only, and cannot be used to ask questions about individual patients or their treatments – no medical information or questions will be responded to.

The information you supply us with will be used lawfully, in accordance with the Data Protection Act 1998.