

HEATH LANE SURGERY

Patient Participation Group

Sign-Up Form

If you would like more information and if you are happy for us to contact you periodically by email please leave your details below and hand this form in at reception.

Name: _____

Address: _____

Telephone Number - Home: _____ Mobile: _____

Email Address: _____

The information below will help to make sure that we receive feedback from a representative sample of the patients registered at this practice.

Your Gender: Male Female Unspecified

Your Age: 17 - 30
 31 - 59
 Over 60

Please state your ethnic background with which you most closely identify:

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

Regularly Occasionally Very rarely

I am interested in becoming a member of the PPG

I am interested in becoming a "virtual group" member of the PPG

Thank you

Please note that we will not respond to any medical information or questions received through the survey.

Heath Lane Surgery PPG takes its Data Protection obligations seriously. Personal details of members are stored securely and are only accessible to authorised members; they may be disclosed to other people for the purposes of PPG business only, and will not be given to others for any other purpose. As a matter of courtesy we will always endeavour to request your explicit permission before giving your details to anyone.

If, in future, you require your details to be deleted from our database please advise the PPG Chair or Secretary and this will be actioned with immediate effect.

By signing this Data Protection Acceptance Form, you are giving your consent to the use of your personal data for specific purposes; this fulfils the requirements of the General Data Protection Regulations (GDPR) 2018.

Information currently stored by: Clare Taylor, Chair, Heath Lane Surgery PPG

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