**Dill Hall Acorn Centre Surgery**

Patient Participation Group Registration Form

We welcome all practice patients and carers of registered patients to share their ideas, skills, and enthusiasm - by joining our Patient Participation Group (PPG).

**First Name: Surname:**

**Gender:**

🞏Male🞏FemaleOther**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 🞏Prefer not to say.

**Phone Number: Date of Birth:**

**Marital Status**:

🞏Single 🞏Married 🞏Divorced 🞏 Widowed

**Address:**

**Postcode:**

**Ethnic Background:**

🞏 White British 🞏Indian 🞏Bangladeshi

🞏 White Irish 🞏Caribbean 🞏Chinese

🞏 White & Black African 🞏White Asian 🞏Pakistani

🞏Other

**How often would you say you come into practice?**

🞏Regularly 🞏Occasionally 🞏 Very Rarely

**Do you have any experience which you can draw on and bring to the role of PPG i.e. As a patient with a long-term condition or disability, as a career, or have you worked in the NHS in a professional or volunteer capacity?**