

# Patient Participation Signing Up Form

I would like to join the Grimston Medical Centre VPPG

If you are happy for us to contact you periodically by email, please fill in your contact details.

**Name:** .....

**Email Address:** .....

**Address:** .....  
 .....  
 .....

**Postcode:** .....

**Date of Birth:** .....

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

<b>Your Gender:</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
<b>Your Age:</b>	Under 16 <input type="checkbox"/> 17-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/>	55-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75-84 <input type="checkbox"/> Over 84 <input type="checkbox"/>
<b>Your Normal Surgery:</b>	Grimston Medical Practice <input type="checkbox"/>	Other: <input type="checkbox"/>

The ethnic background with which you most closely identify is:

<b>White</b>	British Group <input type="checkbox"/> Irish <input type="checkbox"/>	European <input type="checkbox"/>
<b>Mixed</b>	White & Black Caribbean <input type="checkbox"/> White & Asian <input type="checkbox"/>	White & Black African <input type="checkbox"/>
<b>Asian or Asian British</b>	Indian <input type="checkbox"/> Bangladeshi <input type="checkbox"/>	Pakistani <input type="checkbox"/>
<b>Black or Black British</b>	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>
<b>Chinese or Other</b>	Chinese <input type="checkbox"/>	Any Other <input type="checkbox"/>

How often do you come to the practice?

Regularly <input type="checkbox"/>	Occasionally <input type="checkbox"/>	Rarely <input type="checkbox"/>	Very Rarely <input type="checkbox"/>
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Thank you