

**St Albans Medical Centre**

**Signing up for the Patient Participation Group (PPG)**

We believe that patients’ input can help make us a better practice. You can be involved in two ways…

via email only, or via meetings when time allows. The more good ideas and suggestions we receive the

better we become. If you would like to participate please complete the fields below and hand the form to the Receptionist. To know more about the PPG please visit our website: [www.stalbansmedicalcentre.co.uk](http://www.stalbansmedicalcentre.co.uk)

|  |  |
| --- | --- |
| ***Title***  | ***Mr Mrs Miss Ms***  |
| **First Name**  |  |
| **Surname**  |  |
| **Email Address**  |  |
| **Telephone**  |  |
| **Postcode**  |  |  |  |

|  |
| --- |
| ***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*** ***Your Age: Under 16 17-35 35-55 56-75 76 +*** |  |  |
|  |
|

|  |
| --- |
| ***How often do you come to the practice?*** |
|  |  |  |
| **More than once a month** **Occasionally – every 3 months or so** **Very rarely – maybe once a year**  |  |  |
| ***How would you like to be involved?*****Via email only Attending meetings whenever possible**  |  |  |
|  |  |  |
|  |  |  |
|  |
| **We look forward to your involvement….** |  |  |

 |  |  |
|  |  |
|  |  |
|  |  |
|  |  |