

**HANWAY MEDICAL PRACTICE
PATIENT PARTICIPATION GROUP REGISTRATION FORM**

Would you like to have a say about the services we provide at The Hanway Medical Practice?
We would like to hear your views.

What would you like to see improved at this Practice?

By providing your email details we can add them to a contact list that will mean we can contact you by email every now and again to ask you a question or two.

Fill in the details below and hand it back to reception or post it into the secure box; we will then add your email address to our contact list.

Name:

Email address:

Postcode:

This additional information will help to make sure we try to speak to a representative sample of the patients that are registered at this practice.

Are you: Male Female

Age: Group	Under 16		17 -24	
	25 – 34		35 – 44	
	45 – 54		55 – 64	
	65 – 74		75 – 84	
	Over 84			

To help us ensure our contact list is representative of our local community please indicate which of the following ethnic background you would most closely identify with?

White				
British Group		Irish		
Mixed				
White & Black Caribbean		White & Black African	White & Asian	
Asian or Asian British				
Indian		Pakistan	Bangladeshi	
Black or Black British				
Caribbean		African		
Chinese or other Ethnic Group				
Chinese		Any other		

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

Regularly	
Occasionally	
Very rarely	

Thank you.

Please note that no medical information or questions will be responded to.

The information you supply us will be used lawfully, in accordance with the Data Protection Act 1998. The Data Protection Act 1998 gives you the right to know what information is held about you, and sets out rules to make sure that this information is handled properly.