## Moore Street Surgery Formation of a Patient Reference Group

## Do you want to get involved and help change the way health services are delivered by the practice?

We are always trying to improve our service to you and we would like your help.

We are looking for enthusiastic people to join a small group to share your ideas on how we can work differently to make things work better for our patients,

The practice will talk with this group of volunteers and get the views of other patients from a regular questionnaire's.

If you are would like to join our patient reference group please leave your details below and hand this form back to reception or email it to <u>Helen.Shillcock@southseftongp.nhs.uk</u>

We look forward to hearing from you

Name Email Address Address Postcode Telephone Number

Our preferred method of communication will be email however if you do not have access to email please check this box  $\square$ 

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 45 – 54 35 – 44 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 <b>Mixed</b>		Irish		
White & Black Caribbean		White & Black African	White & Asian	
Asian or Asian British Indian Black or Black British		Pakistani	Bangladeshi	
Caribbean		Any Other		
How would you describe how often you come to the practice?				

Regularly Occasionally Very Rarely

Thank you.

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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.