**FARLEY ROAD MEDICAL PRACTICE**

­­­­­**­­­­­­­­­­­­­­­­­­­­­­­­­**

**SIGNING UP FOR OUR VIRTUAL PATIENT REFERENCE GROUP**

If you are happy for us to contact you periodically by email please leave your details below and hand this form in at reception.

**Name : ……………………………………………………..**

**Email address : ……………………………………………………..**

**Postcode : ……………………………………………………..**

The 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 | [ ]  | Pakistani | [ ]  | 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**

**Patient Reference Group**

We are encouraging patients to give their views about how the practice is doing.    We would like to be able to find out the opinions of as many patients as possible and are asking if people would like to provide their email addresses so we can contact you by email every now and again to ask you a question or two.

Are you interested in leaving your email details?

Your details will be kept confidential and not passed to a third party.

**Please complete the attached form.**