**Patient Participation Group Sign up**

Name: ……………………………………………………………………………………………….

Email Address: ……………………………………………………………………………………………….

Telephone: ……………………………………………………………………………………………….

Postcode: ……………………………………………………………………………………………….

Your gender: Male [ ]  Female [ ]

Your age: ………...

The ethnic background with which you most closely identify is: ………………………………….

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

Regularly [ ]  Occasionally [ ]  Very rarely [ ]

Thank you for signing up to be a core member of Upton Village Surgery Patient Participation Group.

Please email your completed form to uvsppgsecretary@gmail.com and a member of the team will be in touch.