

Central Hove Surgery

Patient Participation – Virtual Group

Hello,

We are encouraging patients to give their views about how the practice is doing and the services provided.

We would like to be able to find out the opinions of as many patients as possible and would like to develop a structure that gains the views of the patients and enables the practice to obtain feedback from the practice population.

We would like to do this by developing a virtual Patient Participation Group of patient volunteers who consult on a regular basis via an e-mail community initially.

If you are interested in being considered part of our Patient Participation Group, please complete this form and return it to reception.

Name:

Email:

Postcode:

This additional information will help us 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	<input type="checkbox"/>	17 - 24	<input type="checkbox"/>
	25 – 35	<input type="checkbox"/>	35 – 44	<input type="checkbox"/>
	45 – 54	<input type="checkbox"/>	55-64	<input type="checkbox"/>
	65 – 74	<input type="checkbox"/>	75-84	<input type="checkbox"/>
	Over 84	<input type="checkbox"/>		<input type="checkbox"/>

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	<input type="checkbox"/>	Irish	<input type="checkbox"/>	
Mixed				
White & Black Caribbean	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	White and Asian <input type="checkbox"/>
Asian or Asian British				
Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
Black or Black British				
Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	
Chinese or other ethnic Group				
Chinese	<input type="checkbox"/>	Any Other	<input type="checkbox"/>	

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

Regularly	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>
Rarely	<input type="checkbox"/>

Thank You

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

Any information you supply will be used, lawfully, in accordance with the Data Protection Act 1998