

Would you like to make a positive contribution to the services and facilities offered by your practice?

Join Your GP Practice

ALTON PRIMARY CARE CENTRE

Patient Participation Group



We want to work with you to further improve the services and facilities we provide. This is your opportunity to make a positive contribution and get involved.

You can be involved as much or as little as you like – from keeping up-to-date on the latest developments, to completing surveys or even getting involved in discussion groups – it's up to you!

Benefits of becoming a member:

- ◆ Find out more about your practice
- ◆ Have your say in the development and planning of changes to our services
- ◆ Receive feedback on changes made in response to YOUR input.

As a result you will be able to

- ◆ Voice your opinions and know that we are listening
- ◆ Make a positive contribution to the services and facilities we offer
- ◆ Take responsibility for your health and the health of the practice population.

If you have any further queries, please contact the surgery

If you would like to be involved, just complete the application form below.

Data Protection Act 1998

The information that you provide on this form will be used by your GP Practice to contact you about the activities of the Practice Patient Participation Group and to inform you of the ways in which you can get involved.

Your details will only be used for this purpose and will not be shared with anyone else. The information you supply will be held securely and in accordance with the Data Protection Act 1998. You can opt out of the Patient Participation Group at any time by contacting your surgery.

Please tick the box to confirm that you have read and understood the data protection information.

I would like to become involved in Patient Participation Group

Title Mr Mrs Miss Ms Other
Name.....
Address.....
..... Postcode.....
Telephone Number
Email.....
Date of Birth
Ethnicity

Do you consider yourself to have a disability?

- Yes
- No

How would you like us to stay in touch with you?

- Post
- E-mail (Our preferred method: it's faster and costs less)

How would you like to be involved? (please tick all that apply)

- Send me surveys
- Send me updates
- I want to be involved in discussion groups

Your signature: **Date:**

Now, simply hand this form to reception or take it home and return it to the surgery you are registered with in person or by post:

We'll be in touch!