

THE DOWNEND HEALTH GROUP PATIENT PARTICIPATION GROUP
APPLICATION FORM

The practice runs a Patient Participation Group (PPG); this is a group of people who are patients at the surgery who help to make the practice work for everyone. The group meet quarterly to discuss the services on offer and how improvements can be made. A background in healthcare is not essential and the ideas and experiences of ALL members are very important to us. We welcome new members from any community, group, gender, age, and ethnicity Meetings are held quarterly and are face to face at the practice. If you are interested in getting involved, please complete this form and return to reception. Candidates are selected to ensure a fair representation of our practice population.

NAME:		
GENDER:		
DATE OF BIRTH:		
ADDRESS:		
POSTCODE:		
HOME TELEPHONE NUMBER:		
MOBILE NUMBER:		
EMAIL ADDRESS:		
ETHNIC ORIGIN:		
HOW OFTEN DO YOU COME TO THE PRACTICE: <i>Please tick relevant box</i>	Regularly	
	Occasionally	
	Very Rarely	
WHAT CAN YOU BRING TO THE PATIENT GROUP: <i>Ideas, suggestions, comments</i>		

Partners: Dr R Green MBE, Dr D Foster, Dr T Sivayokan, Dr E Howse, Dr S Tan, Dr J Montero, Dr C Lear, Mr P Shah, Dr C Chebsey, Dr V Photiou
 Salaried GPs: Dr F Gutierrez, Dr K Pearce, Dr E Willson, Dr L Coombs, Dr C Holden, Dr M Kehinde, Dr H Barrow, Dr M Davis, Dr D McCrear, Dr T Leskiw
 Retainer GPs: Dr A Sykes

CONFIDENTIALITY/PRIVACY STATEMENT FOR PATIENT PARTICIPATION GROUP MEMBERS

I understand that whilst attending meetings within the Practice, I may hear or see information about staff, patients, or other matters, and that the disclosure of this information to anyone is considered to be serious misconduct and could contravene The Data Protection Act. I also understand that unauthorised disclosure of confidential information is a serious matter for myself, the patient and the Practice and could lead to legal action to all parties involved.

I understand that the practice will collect and store my personal information provided in this form. I am aware that the practice Privacy Policy provides further information on how the practice manages personal data and this can be found on the DHG website or at each reception.

To ensure the smooth running of the PPG, I am aware that the practice will use my personal information to contact me by either text, email or phone.

I agree to the practice displaying my name, as a PPG member in both internal and external promotional material and on the practice website.

PRINT NAME:	
SIGNATURE:	
DATE:	

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