

Patient

Participation
Group

Friends of East Park Medical Centre

264 – 266 East Park Road
Leicester
LE5 5FD

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Dear Applicant,

Thank you for your interest to join our PPG Team. Please find attached an application form to fill and return to the practice as soon as possible. Once we have received your application, the PPG Team will be able to assess whether you meet the criteria required, we will then be in touch with regards to whether you were a successful candidate or not.

Kind Regards

The PPG Team

East Park Medical Centre

Application for Patient Participation Group



Email Address (optional):

Telephone:

Postcode:

The following information will help us to make sure we are able to have a representative sample.

Gender: Female Male

Age Group:

Under 16 17 – 25 25 – 34
35 – 44 45 – 54 55 – 64
65 – 74 75 – 84 Over 84

Ethnic Background:

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 (Please state)	
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How often do you come to the practice?

Regularly Occasionally Very Rarely

Please tell us about any experience you have done which is relevant for this position:

What areas of services concern you most?

- | | | | |
|---------------------------|--------------------------|-----------------------|--------------------------|
| Diabetes | <input type="checkbox"/> | Sexual Health | <input type="checkbox"/> |
| COPD | <input type="checkbox"/> | Heart Conditions | <input type="checkbox"/> |
| Asthma | <input type="checkbox"/> | Screening Services | <input type="checkbox"/> |
| Older People's Services | <input type="checkbox"/> | Learning Difficulties | <input type="checkbox"/> |
| Younger People's Services | <input type="checkbox"/> | Mental Health | <input type="checkbox"/> |
| Children's Services | <input type="checkbox"/> | Cancer Services | <input type="checkbox"/> |
| Ante/Post-natal | <input type="checkbox"/> | Muscular Skeletal | <input type="checkbox"/> |
| Opening hours | <input type="checkbox"/> | Appointment Times | <input type="checkbox"/> |
| Other:..... | | | |

What sort of things might you be interested in taking part in?

Please tick

- | | |
|---------------------------------------|--------------------------|
| Attending meetings during the day | <input type="checkbox"/> |
| Attending meetings during the evening | <input type="checkbox"/> |
| Questionnaires | <input type="checkbox"/> |
| Telephone Interviews | <input type="checkbox"/> |
| Face to face interviews | <input type="checkbox"/> |
| Receiving newsletters and updates | <input type="checkbox"/> |
| Other events and initiatives | <input type="checkbox"/> |

Please tell us if you have any ideas about other ways you could tell us your views:

Are you able to commit to hours and attending meetings when necessary?

Yes

No

Why do you want to get involved?

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.