Patient Participation Group - Fairfield Surgery Burwash

If you are happy for us to contact you periodically by email please complete your details below and put this form in the PPG box or email to ppg.fairfield@gmail.com

Name:

Email address: Post code:

This additional information will help to make sure we try to speak to a representative sample of the patients who are registered at this practice.

Are you? Male Female

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Age: Group | Under 16 |  | 17 – 24 |  |
|  | 25 – 34 |  | 35 – 44 |  |
|  | 45 – 54 |  | 55 – 64 |  |
|  | 65 – 74 |  | 74 - 84 |  |
|  | Over 84 |  |  |  |

 Date of birth (optional)……………………………………………….

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** |  |  |  |  |  |
| Brit ish  |  | Irish |  |  Other |  |
| **Mixed/multiple ethnic groups** |  |  |  |  |  |
| White Black & Caribbean |  | White & Black African |  | White & Asian |  |
| **Asian / Asian Brit ish** |  |  |  |  |  |
| Indian |  | Pakistani |  | Bangladeshi |  |
| **Black /Black Brit ish / Caribbean** |  |  |  |  |  |
| African |  | Caribbean |  | Other Black |  |
| **Other Ethnic Group** |  |  |  |  |  |
| Chinese  |  | Arab |  | Any other |  |

How would you describe how often you come t o t he pract ice?

|  |  |
| --- | --- |
| Regularly |  |
| Occasionally |  |
| Very rarely |  |

By signing this form you are confirming that you are consenting to the Fairfield Surgery Patient Participation Group holding and processing your email address to keep you informed about local health issues. The processing of personal data is governed by the General Data Protection Regulation (the “GDPR”). You can read our Privacy Policy on the Fairfield Surgery website.

Signature………………………………………………………………………………………………Date………………………