**Sign up for our Patient Reference Group**

If you are happy for us to contact you periodically by email or post please complete your details below and email to: [Tracy.bowden@gp-j81016.nhs.uk](mailto:Tracy.bowden@gp-j81016.nhs.uk)

Name: Click here to enter text.

Email Address: Click here to enter text.

Home Address: Click here to enter text.

Telephone: Click here to enter text.

Postcode: Click here to enter text.

The information below will help to make sure that we receive feedback from a representative sample of the patients registered at this practice.

Your Gender: Male  Female

Your Age: Under 16  17 – 24  25 – 34  35 – 44  45 – 54  55 – 64  65 – 74  75 – 84

The ethnic background with which you most closely identify is:

White: British  Irish

Mixed: White & Black Caribbean  White & Asian

White & Black African

Asian or Asian British: Indian  Bangladeshi  Pakistani

Black or Black British: Caribbean  African

Chinese or Other: Chinese  Any Other

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

Regularly  Occasionally  Very rarely  Other (eg Housebound)

Thank you

**Please note that we will not respond to any medical information or questions received.**

**By using this form you will be sending information about yourself across the Internet. Whilst every effort is made to keep this information secure, you should be aware that we cannot offer any guarantees of absolute privacy. If this matter concerns you then you should use another method of registration.**

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.