



## Patient Participation Group Sign up

Name: .....

Email Address: .....

Telephone: .....

Postcode: .....

Your gender:      Male ☐      Female ☐

Your age: .....

The ethnic background with which you most closely identify is: .....

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

Regularly ☐      Occasionally ☐      Very rarely ☐

Thank you for signing up to be a core member of Upton Village Surgery Patient Participation Group.

Please email your completed form to [uvspgsecretary@gmail.com](mailto:uvspgsecretary@gmail.com) and a member of the team will be in touch.