**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 [uvsppgsecretary@gmail.com](mailto:uvsppgsecretary@gmail.com) and a member of the team will be in touch.