

Application Form to Join Keyworth PPG Virtual Group

PERSONAL DETAILS

Ms/Miss/Mrs/Mr/Dr

First Name

Surname

Year of Birth

CONTACT DETAILS

Address

Telephone number

Mobile number

Email address

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

- ⤴ Regularly
- ⤴ Occasionally
- ⤴ Very rarely

If you wish to become a Virtual Group member How would you prefer to be contacted?

Post / Telephone / email

PLEASE SIGN AND DATE BELOW

This additional information will help to make sure we try to speak to a representative sample of the patients that 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 75 – 84 Over 84

To help us ensure our contact list is representative of our local community please indicate which ethnic background you would most closely identify with:

White

British

Any other white background (please specify)

Mixed

White and black caribbean

White and black african

White and asian

Any other mixed background (please specify)

Asian or Asian British

Asian background (please specify)

Black or Black British

Caribbean

African

Any other black background (please specify)

Chinese or other ethnic Group

(please specify)

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