The Upstairs Surgery

Patient Participation Group (PPG) - Sign up form.

**About you**

Full Name……………………………………………………………………………………..

Email…………………………………………………………………………………………..

Telephone Number…………………………………………………………………………..

We want the PPG to represent all patients so we will be encouraging membership from people of all ages (over 18), and from all the different communities who live in our area.

Please let us know if you have any particular communication needs to help you take part.

In order to help us be more representative please complete the following details

**Age Group**

€ 18-25

€ 26-45

€ 45–65

€ Over 65

**Gender**

€ Male

€ Female

**Do you consider yourself to have a disability?**

€ Yes

€ No

Terms and Conditions

All your personal details will be held securely by the Practice and Havering Crest PCN. They will only be used to communicate with you and will not be shared with anyone else.

All members need to comply with:

* The Patient Participation Group should not be used for complaints or concerns about your individual medical treatment – these should be raised directly with your Practice.
* We welcome constructive criticism, but please keep it polite. Members who use abusive language or who make personal comments or attacks on individual staff or other patients will be removed from the group membership. Racist, sexist or homophobic language and comments will not be tolerated under any circumstances.

€ I accept the terms and conditions above

Signed………………………………………………………………………………………………….

## Your Views

Thank you for your interest in the Patient Participation Group – your input will help make a real difference to improving health services in our area.

Please let us know what matters to you in local health services by answering the questions below:

**Something I really like about local health services and would like to keep:**

**Something I would like to change about local health services:**