Branksomewood Healthcare Centre

Patient Reference Group Sign up form

Thank you for volunteering to join this group

Name: ……. Email address:…….

Please answer all the questions and ring the answer that relates to you.

Are you?	Male	or	Female		

Which age group are you?	Under 16	16-24	25-34	35-44
	45-54	55-64	65-74	Over 75

Which occupational Status are you?

A Carer	Employed Full time / part time	Retired
Unemployed	In full-time education	Disabled and unable to work

With which of the following ethnic backgrounds do you most closely identify with?

White	Irish	Mixed	Black	Asian

Any other (please specify):

Approximately how often do you visit the practice for medical treatment?

Monthly or more	Quarterly or more	Annually or less

Do you have a physical or learning disability? ***Yes*** ***No***

If you are happy to do so please let us know what this is:……

Do you have a long-term health condition? ***Yes*** ***No***

If you are happy to do so please let us know what this is:…….

By completing this form, you are allowing us to contact you via email when required on the subject of the PRG.

The information that you supply to 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 ours rules to make sure the information is handled properly.