

# Broom Leys Surgery

Broom Leys Road Coalville Leicestershire LE67 4DE

T: 01530 832095 E: Broomleysurgery@nhs.net

Dr S Scrivens Dr M Srivastava Dr K Clorley Dr V Patel Dr P Pakka



## Patient Participation Group Sign up form

Thank you for your interest in joining the patient participation group at Broom Leys Surgery. We will keep your information confidential and will not share it with any third party without your consent.

Name	
Address	
Email	
Mobile Phone Number	
Home Phone Number	
Gender	

Age Group (please tick) :

UNDER 16	<input type="checkbox"/>	45-54	<input type="checkbox"/>
17-24	<input type="checkbox"/>	55-64	<input type="checkbox"/>
25-34	<input type="checkbox"/>	65-74	<input type="checkbox"/>
35-44	<input type="checkbox"/>	Over 75	<input type="checkbox"/>

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

White							
British group	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Gypsy or Irish Traveller	<input type="checkbox"/>	Other White	<input type="checkbox"/>
Mixed							
White & Black Caribbean	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Other Mixed	<input type="checkbox"/>
Asian or Asian British							
Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Chinese	Other Asian <input type="checkbox"/>
Black or Black British							
Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Other Black	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ethnic group							
Arab	<input type="checkbox"/>	Any other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Regularly

Occasionally

Very Rarely

How would prefer to be contacted with information about the PPG group

Email

SMS

Telephone

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Consent to be contacted. Please tick if you consent to be contacted by the methods below. You can choose more than 1 or all if you wish.

Email   
SMS   
Telephone

Are you happy to share your contact details with other PPG members? Please note this will only be for PPG related matters.

Yes, all members   
Yes, PPG Chair Only   
No. Do not share my details

Do you consent to your name being included within publications regarding the PPG? This could include information on the website and/or social media, or information displayed in the waiting room.

Yes   
No

Do you consent to your picture being included within publications regarding the PPG? This could include information on the website and/or social media, or information displayed in the waiting room.

Yes   
No

Patient Signature.....Print:.....

All information is stored securely in conjunction with our privacy policy. You can see a copy of this here

<https://www.broomleysurgery.co.uk/website/C82072/files/Overarching%20Privacy%20Policy%20Version%203.pdf>

Thank you for completing this form

Please return to: Laura Cresswell  
IT & Administration Manager  
Broom Leys Surgery  
laura.cresswell7@nhs.net