

Patient Participation Group Interest

If you are interested in joining our Patient Participation Group, please complete the following details and return to a member of reception.

I am interested in (please tick):

Being a member of the quarterly face-to-face Patient Participation Group held at the Practice.

Being a member of the **Virtual** Patient Participation Group (information via email)

Name:

Address:
.....
.....

Email Address:

Thank you and we will be in touch with you in the near future.

Thank you. Please note that the information you supply us will be used lawfully, in accordance with GDPR and the Data Protection Act 2018.

Your contact details will only be used for this purpose and will be kept securely.

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