

LONG CATLIS ROAD SURGERY

PATIENT PARTICIPATION GROUP (PPG)



If you are interested in joining our Patient Participation Group, please complete the below form. Once you have returned the completed form, you will be sent information regarding the upcoming meetings.

First Name:..... Surname:.....

Address:.....

Postcode:.....

Contact Number:.....

Email Address:.....

Gender: Male Female

Age Group: 16-24 25-34 35-44 45-54 55-64 65-74 75+

- I am happy for my above details to be shared with the chairperson
- If you are not happy for your details to be shared with the chairperson, please tick this box and hand to reception only.

Please either hand this form to a member of our Reception Team or email it to our PPG email longcatlis.ppg@nhs.net