Eden Medical Group Port Road Carlisle Cumbria CA2 7AJ



Patient Participation Group Membership Form Our Vision to 'Enhance Patient Care'

If you are a patient and would like to become a member and join the Eden Medical Patient Participation Group please complete the form.

(PLEASE ONLY COMPLETE THIS FORM IF YOU WISH TO BECOME A MEMBER OF THE PATIENT GROUP!) Name **Address** Home Telephone **Email Address** Number **Mobile Number** Today's Date: I give consent for the Care & Quality Commission to contact me with reference to the Patient Group at Eden Medical Group during a Practice Inspection (please tick relevant box): Yes: No: The additional information will help make sure we communicate with a representative sample of the patients registered at this practice. Are you? Male **Female** Under 16 17-24 25-34 35-44 Age Group 45-54 55-64 65-74 75-84 Over 84 To help us ensure our contact list is representative of our local community please indicate which of the following ethnic background you would closely identify with? White **British** White & White & White Mixed Group Black Black & Caribbean African Asian Irish Asian or Indian Pakistani Bangladeshi Asian **British** African Black or Caribbean Chinese or Chinese Other other ethnic Black **British** Group How would you describe how often you would come to the practice? Regularly Occasionally Very Rarely Thank you for registering to join our Patient Participation Group. We will contact you in the near future with further information, Justyna Quin & Linda Clarke. (PPG Group Co-Ordincators)

Please note that no medical information or questions will be responded to. The information you provide 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 out rules to make sure that this information is handled properly.