## THE CITY MEDICAL Practice

Dr's Aamer Khan & Arshid Khan The City Medical Practice Westbourne Green CHC 50 Heaton Road Bradford West Yorkshire BD8 8RA

## Date:

I am interested in joining the Patient Participation Group.

Name:.....Address: .....

Please complete the sections below:-

I would/would not (Please delete as appropriate) like to volunteer in assisting with Practice Surveys.

I would/would not (Please delete as appropriate) like to volunteer in community self -care events.

I would/would not ( Please delete as appropriate) like to volunteer in organising coffee mornings.

Signed:

Dated:



Dr A khan