

Date:

I am interested in joining the Patient Participation Group.

Name:.....

Address:

.....

Contact number:

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