



The Rowans Surgery Patient Participation Application Form

Name

Date of birth

Contact Number.....

Email Address.....

We would like our Patient Participation Group to reflect the practice population so please complete the information below so we can monitor the diversity of the group

Are you? Male Female

Age: Group	Under 16		17-24		25-34	
	35-44		45-54		55-64	
	65-74		75-84		Over 84	

White						
British	Irish	Gypsy or Irish Traveller	Other White			
Mixed						
White & Black Caribbean	White & Black African	White & Asian	Other Mixed			
Asian & Asian Other						
Indian	Pakistani	Bangladeshi	Chinese	Other Asian		
Black or Black British						
Caribbean	African	Other Black				
Other Ethnic Group						
Arab	Any other					

How often do you attend the practice?	Regularly		Occasionally		Very rarely	
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Thank you for completing this application form. You will receive an email to inform you when you have joined the Patient Participation Group and we will contact you via email keeping you up to date with Practice Meetings.