

The **KEY** MEDICAL PRACTICE

Our Patient Participation Group (PPG) would like to hear your thoughts. If you are willing to complete short surveys from time to time, please enter your details below and return the form to reception. All email addresses will be kept confidential and will only be used for this purpose.

Name: _____ Date of Birth: _____

Email address: _____

Signed: _____ Date: _____

Ethnicity

The PPG is a group that represents the opinions of all our patients. We ask that you inform us of your ethnic background so we can make sure that this group is truly representative.

Ethnic Category 2001 census					
British White	<input type="checkbox"/>	British Asian	<input type="checkbox"/>	British Black	<input type="checkbox"/>
Other Mixed British	<input type="checkbox"/>	Polish	<input type="checkbox"/>	Other European	<input type="checkbox"/>
Asian	<input type="checkbox"/>	African	<input type="checkbox"/>	Americas	<input type="checkbox"/>
Other White Background	<input type="checkbox"/>	Other Mixed Background	<input type="checkbox"/>	Any Other	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>				