Peninsula Practice Patient Participation Group

Peninsula Practice Patient Participation Group (PPG) Membership Form

Thank you for your interest in joining Peninsula Practice Patient Participation Group (PPG) and the work we do; we are delighted that you want to join us and make a difference. It takes less than a couple of minutes to fill in our membership form to become one of our members.

All Peninsula Practice patients are eligible to become members of their PPG.

Options are:

- Become a PPG Committee Member
- Become a Volunteer Member
- Just receive Information

If you have any difficulties in completing this form or wish to discuss any roles then please contact: -

peninsulapracticeppg@gmail.com or ask for the practice management team in the surgery

Please note by completing this application there is NO connection with any patient records held at the surgery. The application will be seen by the Chair and Secretary of the PPG plus the practice management team only.

*Indicates required question

1. Full Name*

2. Email

3. Address *

4. Phone number *

5. Please tell us what interests you and what you would like the PPG to send you information about. Select as many as you like from the list below. *

   Please check all that apply

   - ☐ Volunteering opportunities with the PPG
   - ☐ Health and wellbeing engagement events
   - ☐ Local Surveys to your Health and Wellbeing
   - ☐ Joining the PPG Committee
   - ☐ Other: ……

6. A range of programmes in our community need PPG volunteer support. Please tell us which volunteering opportunities may interest you. Select as many as you like from the list below. Training is available if required *

Check all that apply.

- [ ] Local Vaccination campaigns - helping at clinics
- [ ] Compassionate Companion
- [ ] Assisting patients with NHS apps/technology
- [ ] Social media/Digital Presence on behalf of the PPG
- [ ] Graphic Designing on behalf of the PPG
- [ ] Being a PPG point of contact for your local community/village
- [ ] Assisting or advising the PPG/Practice with information technology
- [ ] Displaying posters within your local community
- [ ] Other: ……

7. Are there any specific skills or experiences you feel you would bring to the PPG?

8. What is your age group?

Under 17	17-24	25-34	35-44	45-54	55-64	65-74	75-84	over 84
◯	◯	◯	◯	◯	◯	◯	◯	◯

9. Which gender do you identify as?

10. Do you consider yourself to have a disability?

11. Which ethnic background do you most closely identify with?

12. Are you current or ex-Armed Forces or a military veteran?

13. Please advise if there are any potential conflicts of interest

Thank you for completing this application, we will be in touch with you directly

Please either return to the surgery for attention of the management team or email to the PPG secretary on peninsulapracticeppg@gmail.com