**Please return to reception once completed**

***North House Surgery***

If you are happy to join our Group by attending our meetings or periodical contact by e-mail or letter, please leave your details below and hand this form back to reception, indicating your preference.

**I WISH TO BE INVOLVED IN THE NORTH HOUSE PATIENTS’ GROUP BY:**

Attending meetings / email contact / postal contact **(Please delete as appropriate)**

**Name**

**Address**

**Home Tel: Mobile Tel:**

**E-mail address:**

This additional information will help to make sure we have a representative sample of patients that are registered with the practice:

**Are you:** 🖵 Male 🖵 Female

**Age Group**:

🖵 Under 16 🖵 16 – 24 years 🖵 25 – 34 years

🖵 35 – 44 years 🖵 45 – 54 years 🖵 55 – 64 years

🖵 65 – 74 years 🖵 75 – 84 years 🖵 Over 84 years

To help us to ensure that our contact list is representative of the local community, please indicate which of the following ethnic background you would most closely identify with?

**White**

🖵 British 🖵 Irish 🖵 Other

**Mixed**

🖵 White & Black Caribbean 🖵 White & Black African 🖵 White & Asian

**Asian or Asian British**

🖵 Indian 🖵 Pakistani 🖵 Bangladeshi

**Black or Black British**

🖵 Caribbean 🖵 African

**Chinese or other ethnic group**

🖵 Chinese 🖵 Any Other Ethnic Group

How would you describe how often you come to the practice?

🖵 Regularly 🖵 Occasionally 🖵 Very rarely

*Thank you*

The information you supply us will be used lawfully, in accordance with the Data Protection Act 1998. This gives you the right to know what information is held about you, and sets out rules to make sure that this information is handled properly.