**UNIVERSITY MEDICAL CENTRE**

**PATIENT PARTICIPATION (Virtual) EMAIL GROUP 2019**

In order to improve the services we deliver we have established a virtual Patient Participation Group to occasionally ask your views on a range of subjects and to share useful information relating to the University Medical Centre. Our patients are welcome to join this email group at any time.

If you would like to be involved please complete this application form and hand it in at the reception desk. Please note that any views you give will be anonymised and this will have no effect on your medical treatment.

*Because we will not be linking your membership with your medical record we would ask that you please tick the appropriate boxes below so that we can ensure views are obtained from every group within our community:*

**Your Name: ……………………………………………………………………. ..**

**Email Address: ………………………………………………………………….**

**I confirm I am a registered patient of the University Medical Centre** ❒

**Are you**: Male ❒ Female ❒ Transgender ❒

**Your Age:** Under 16 ❒ 17–24 ❒ 25–34 ❒ 35–44 ❒ 45–54 ❒

55–64 ❒ 65–74 ❒ 75–84 ❒ Over 84 ❒ I prefer not to say ❒

**Are you a parent of children:** Under 5 ❒ 5–15 ❒ 15–18 ❒

Not applicable ❒

**Are you a Carer?** *(Someone who looks after a friend / relative unpaid)* Yes ❒ No ❒

**Do you have a disability?** Yes ❒ No ❒

**Are you:** Employed ❒ A Student ❒ Retired ❒ Unemployed ❒

Other (for example: Full time parent / forces)❒

**Ethnicity Please tick the one that applies**

|  |  |  |
| --- | --- | --- |
| **White** | | |
|  | British |  |
|  | Irish |  |
|  | Other White (e.g. European) |  |
| **Mixed** | | |
|  | White & Black Caribbean |  |
|  | White & Black African |  |
|  | White & Asian |  |
|  | Other (Mixed background) |  |
| **Asian or British Asian** | | |
|  | Indian |  |
|  | Pakistani |  |
|  | Bangladeshi |  |
|  | Other (Asian background) |  |
| **Black or Black British** | | |
|  | Caribbean |  |
|  | African |  |
|  | Other (Black background) |  |
| **Chinese** | | |
|  | Chinese |  |
| **Other Ethnicity** | | |
|  | Other than listed above |  |
|  | I do not wish to state |  |

You may leave this Patient Participation group at any time by notifying the Reception team or by sending an email to [BSCCG.bathumc@nhs.net](mailto:BSCCG.bathumc@nhs.net)

Your email address will not be shared with other patients.

This group has been established to discuss general issues and cannot be used to ask questions about individual patients or their treatments. Please note that no medical information or questions will be able to be responded to via the Patient group. The information you supply to the Practice will be used lawfully and in accordance with the Data Protection Act 1998.