

## **Patient Participation Group Application Form**

The Patient Participation Group helps ensure that the practice remains accountable and responsive to the needs of its patients. We are looking for individuals who are aware of the pressures on the NHS and Primary Care who can make a positive contribution and work alongside the Practice to help us deliver an outstanding service for our patients.

If you believe you can contribute positively to the PPG, please complete the form below:

Name .....

Email address .....

Telephone .....

Your gender                      Male                       Female

Your age:                      Under 16                       17 – 24   
   25 – 34                       35 – 44   
   45 – 54                       55 – 54   
   65 – 74                       75 – 84   
      Over 84

What ethnicity do you identify with:

Framlingham Medical Practice are the Data Controller for the information we collect, store and use about you (in this case your name and contact details). Our Data Protection Officer details will be published on our website at the end of May 2018.

We will only use your information to contact you in relation to the activities of, and your participation in the Patient Participation Group.

We will not share this information with any third party organisations unless they are working directly for us and are engaged through the appropriate contracts in place to protect your data. We will only use your information in ways that are lawful and that you would reasonably expect. Your information will never be sent outside of the UK.

We will keep your information for the duration of your membership with the Group and, once you have left, we will retain your information in line with our retention schedules years and then destroy it securely.

You have the right to withdraw consent at any time, request that your information be corrected or erased or restrict our use of it.

I confirm I am happy for you to use my information in this way.

Signed

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Please return the completed form to Reception or email to [iesccg.framlingham-medical-practice@nhs.net](mailto:iesccg.framlingham-medical-practice@nhs.net)