

MARTLESHAM HEATH SURGERY PRACTICE & PATIENT GROUP APPLICATION FORM

Making Services Better: Your Views

MARTLESHAM HEATH SURGERY is committed to improving the services we provide to our patients. To do this, it is vital that we hear from people like you about your experiences, views, and ideas for making services better. If you are interested in getting involved, please complete and return this form. By expressing your interest, you will be helping us to plan ways of involving patients that suit you. It will also mean we can keep you informed of opportunities to give your views and up to date with developments within the Practice.

Name:		Postcode:	
Email Address:			

This additional information will help to make sure we try to speak to a representative sample of the patients that are registered at this Practice.

Are You?	Male		Female	
Age Group	Under 16		17 – 24	
	35 – 44		45 – 54	
	65 – 74		75 – 84	Over 84

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

White:				
British Group		Irish		
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		

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

Regularly		Occasionally		Very rarely	
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Thank you.

Please note that no medical information or questions will be responded to.

The information you supply us will be used lawfully, in accordance with the Data Protection Act 1998.

The Data Protection Act 1998 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.