



*Patient
Participation
Group*

PPG Member Registration

As a registered patient you are welcome to join the 3W Health Patient Participation Group.

We do understand that some patients may not wish to attend face to face meetings but instead would be willing to be involved by being contacted, occasionally, via e-mail, to answer questions about how well the surgery is performing and to identify any areas for improvement.

If you are willing to join our Patient Participation Group please complete the form below, identifying whether you wish to be a meeting or virtual member.

First name: (please print)

Surname: (please print)

Date of birth:

E-mail address: (please write clearly):
.....

Which 3W surgery are you registered at?

- Whitchurch
- Wing
- Winslow

Why are you interested in joining the 3W Health PPG?

Do you want to join the 3W Health Patient Participation Group as:

PPG meeting member

Or

"Virtual PPG" email only member

If our meetings are to be on a 3W site then they will have to be between 1pm and 2pm or from 6.30pm, at either Winslow or Whitchurch. (Wing space is too limited). Or we may decide to meet elsewhere. If joining as a meeting member, what times would you prefer (please tick):

	1-2pm	6.30pm	Other times
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

What special personal interests, skills, knowledge, or experience would you like to offer to the PPG?

What activities do you think the PPG should be involved in?

Your information will be treated in the strictest confidence, and current data protection legislation will be adhered to at all times. Your information will be retained by the Practice and will not be divulged to any other person or organisation not directly connected to the Practice.

If an email address is provided, this will be used as the principle means of communication between PPG members, especially for the distribution of meeting papers etc. as this is usually a block communication, your email address may be visible to other recipients.

PPG Member Consent	
By signing below, you are providing consent for this information to be stored by the Practice and to be contacted regarding matters related to the PPG and the Practice.	
Name:	
Signature:	
Date:	

Please email your completed document to us at
bobicb-bucks.3whealth.ppg@nhs.net