**PATIENT PARTICIPATION GROUP**

**EXPRESSION OF INTEREST FORM**

Thank you for your interest in the Patient Participation Group. It would be helpful to know a few things about you, so please complete the questions below. Our Chairperson (Graeme Brown) will contact you to talk through the purpose and work plan of the PPG.

**Please would you tell us what attracted you to becoming a member of the PPG**?

**Do you have some particular experience to offer the group, eg IT skills, communication skills, typing skills, previous experience as a member of a voluntary group?**

**Name:** ……………………………………………

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

 ………………………………………………………………………………….

**Telephone No**: ………………………………………….. **E-mail address:** ……………………………………………..

**Date:** ………………………………….

**PLEASE RETURN THIS FORM TO THE SURGERY RECEPTION DESK**

**Or you can contact us via email**

**patientgroup.thorndike2021@nhs.net**