

**Signing Up for Our Patient Participation Group**

If you would like to join our PPG, please complete this form and email this form to cranborne.reception@dorsetgp.nhs.uk or hand it into the Reception at your Surgery.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title:** | [ ]  Mr | [ ]  Mrs | [ ]  Miss |  |

**Name:**

**Email Address:**

**Telephone:**     **Postcode**:

**Surgery usually attended**

|  |  |  |
| --- | --- | --- |
| [ ]  Cranborne | [ ]  Lake Road | [ ]  Either Cranborne or Lake Road |

**Our Patient Participation Group works with the Practice to help staff improve the quality of healthcare and respond to patient needs.**

[ ]   **I confirm I have read the PPG Charter on Page 2 of this form overleaf.**

**The UK General Data Protection Regulation (UK GDPR) as applicable from the 1st of January, 2021.**

I agree to allow my personal information to be stored by The Cranborne Practice Patient Participation Group (PPG) so that I may receive information about the PPG and the Practice. I understand that The Cranborne Practice PPG is committed to protecting my privacy and will use my information lawfully in accordance with the Data Protection legislation for the purpose set out in this form.

My information will be held securely. My information will not be shared with other organisations without my consent. It will only be accessed by The Cranborne Practice PPG Chairperson and authorised persons involved in the projects I have specifically asked to be involved in.

[ ]  **Please tick to provide your consent to store your information as outlined above and give The Cranborne Practice PPG permission to contact you and provide you with information about the PPG and the Practice.**

When completed, please email this form to cranborne.reception@dorsetgp.nhs.uk or hand it into the Reception at your Surgery.

Thank you

**This form is also available on The Cranborne Practice website at** [**www.thecranbornepractice.co.uk**](http://www.thecranbornepractice.co.uk)**.**

**Please note that we will not respond to any medical information or questions received through the PPG.**

**By using this form, you will be sending information about yourself across the Internet. Whilst every effort is made to keep this information secure, you should be aware that we cannot offer any guarantees of absolute privacy. If this matter concerns you, then you should use another method to notify us of your details.**

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