



Patient Participation Group (PPG) Application Form

As a registered patient you would be very welcome to apply to be a member of our Patient Participation Group (PPG) here at Ventnor Medical Practice (VMP). You must be over the age of 16 years to apply.

The PPG meets approximately 4 times a year.

If you are interested in joining the group, please read the Patient Participation Group Information Sheet before completing the application form. Please return the form below to the Reception at VMC marked for the "Attention of the Chair of the PPG" or submit it online.

Title

Surname

First Name

Date of birth

Email address (please write clearly)

Telephone no.

Time of meeting: 6pm-7pm (weekdays only) Executive Team meet 5.30pm-6pm prior to the main meeting.

Why are you interested in joining the group? (Please give brief outline)

What qualities could you bring to the group (please give brief outline)

I give my consent for these contact details to be retained for use by Ventnor Medical Practice and the Patient Participation Group;

Signed:

Date: