

Carlton Street Surgery Practice Participation Group and Virtual Participation Group

Registration Form

Which Group are you interested in joining (please tick)

Practice Participation Group

Virtual Group

By signing up to our Practice Participation Group or Virtual Participation Group you are confirming that we may contact you by email in order to ask your opinion or to help us complete patient surveys.

Please complete the form and hand back to reception

Name: _____ DOB: _____

Address: _____

Email Address: _____

Telephone number: _____

Please complete the following (optional)

Ethnicity (please circle one):

White

- British
- Irish
- Any other White Background (please write in)

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background (please write in)

Chinese or other ethnic group

- Chinese
- any other
(please write in)

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background
(please write in)

Black or Black British

- Caribbean
- African
- any other Black background (please write in)

Not stated

- Not stated

First Language: _____

How often do you attend the surgery? Please tick

Regularly

Occasionally

Rarely

Please hand your completed form back to reception and someone will be in touch with you shortly after we receive your form.