

**Elm Hayes Needs you**

**We need volunteers for our new**

**Patient Participation Group (PPG)**

**We are looking for patients who want to help us make the surgery work as well as it can for our patients, doctors, staff, and the community and we would welcome your involvement.**

**If you are interested in being part of our PPG group, and would like further information, please complete the form and hand it to reception.**

As a member of the Patient Participation Group (PPG) This would involve attending meetings to discuss how to improve the surgery services for patients and how we could be more involved with the community. It is an opportunity for you to be heard and help shape how healthcare is delivered. Please register your interest by completing the below and posting it in the box at the surgery.

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Yes ☐ I am interested in further information on being part of the Elm Hayes PPG

Please enter your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel number (mobile if possible). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please let us know your age group.

18-24 ☐ 25-34 ☐ 35-44 ☐ 45-54 ☐ 55-64 ☐ 65+ ☐

Would there be any barriers to you being able to attend the meetings at the surgery?

No ☐ Yes ☐ (Please Specify)