Name

Address

Email Address

Telephone number

Reason for wanting to join our PPG

The information below will help to make sure we receive feedback from a representative sample of the patients registered at Ruskington Medical Practice. Thank you for expressing your interest to join our Patient Participation Group. Please note, no medical queries or information received via this form will be responded to.

What is your gender?

Gender:					
1.	Male	2. Female			
3.	Intersex	4. Non-binary			
5.	Prefer not to say	6. Prefer to self-identify (please state)			

Age: What age group do you belong to?

7. 16 – 24 8.	35 – 39	9.	50 – 54
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10.	25 – 29	11.	40 - 44	12.	55 – 59
13.	30 – 34	14.	45 – 49	15.	60 – 64
16.	Prefer not to say			17.	65 +

Ethnicity: What is your ethic group? (Please click on the appropriate box to indicate your ethnic group) Asian or Asian British: Indian Black or Black British: Caribbean 19. 18. Asian or Asian British: Pakistani Black or Black British: Caribbean: African 20. 21. Asian or Asian British: Chinese Any other Black background (please 23. 22. state) Asian or Asian British: Bangladeshi 24. Any other Asian background (please 25. state)..... Mixed: White and black Caribbean 27. White: Welsh / English / Scottish / 26. Northern Irish / British

28.	Mixed: White and Black African	29.	White: Irish
30.	Mixed: White and Asian	31.	White: Gypsy or Irish Traveler
32. state)	Any of mixed background (please	33. state)	Any other White background (please
34.	Other ethnic group: Arab	35.	Any other (please state)
36.	Prefer not to say		