**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 Sovereign Medical Centre. You must be over the age of 16 years to apply.

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 Reception for the “Attention of the Practice Manager or email to sovmcppg@nhs.net.

**Title:**

**Surname:**

**First Name:**

**Date of birth:**

**Email address: (please write clearly)**

**Telephone no:**

I give my consent for these contact details to be retained for use by Sovereign Medical Centre and the Patient Participation Group.

**Signed:**

**Date:**