Patient Participation Group
Application form

Our patient participation groups are designed to enable patients to influence the design of our services. Please use the form below to express an interest in becoming involved in one of our participation groups.

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| I would like to join: |

*(Please indicate which group you’d prefer to join)*

 [ ]  Our regular Patient Participation Group (PPG) which normally meets every 3 months

 [ ]  Our virtual PPG which will involve us contacting you periodically by email or text

If you would like to learn more about what either of these groups entail, please email us at ​newccg.newhamgpooh@nhs.net​.

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| --- |
| Please complete the following contact details: |

|  |  |
| --- | --- |
| Title |  |
|  |  |
| First Name  |  |
|  |  |
| Surname  |  |
|  |  |
| Email address  |  |
|  |  |
| Telephone  |  |
|  |  |
| Postcode  |  |

Preferred contact method [ ]  Telephone [ ]  Text

 [ ]  E-mail [ ]  Post