

West View Surgery

In order to improve the service we deliver, we would like to set up an email group to occasionally ask your views on a range of subjects relating to the surgery. We would also like to be able to email newsletters, and any useful information. We are going to try this out for a year initially.

If you would like to be involved, please complete this form and hand it in at reception.

Any views you give will be anonymised and will have no effect on your medical treatment.

Because we will not be linking your membership to our email group with your medical record, we would ask that you tick the appropriate boxes so that we can ensure we are obtaining views from every group within our community.

Your Name:

Your Email Address (please print):

I confirm that I am a registered patient of West View Surgery

Are you: Male Female

Your age Under 16 17 – 24 25 – 34
35 – 44 45 – 54 65 – 74
75 – 84 Over 84
I prefer not to give my age

If you are you a parent of children, please tick their age group?

Not applicable Under 5 5 – 15 15 – 18

Are you a carer? This is someone who looks after a friend or relative unpaid.
Yes No

Do you have a disability? Yes No

Are you? employed A student Retired Unemployed
Add others here e.g. – full time parent / forces veteral

Nicky Scammell 2011

Ethnicity Please tick the one that applies

White	
<input type="checkbox"/>	British
<input type="checkbox"/>	Irish
<input type="checkbox"/>	Other White (eg European)
Mixed	
<input type="checkbox"/>	White & Black Caribbean
<input type="checkbox"/>	White & Black African
<input type="checkbox"/>	White & Asian
<input type="checkbox"/>	Other (Mixed background)
Asian or British Asian	
<input type="checkbox"/>	Indian
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Other (Asian background)
Black or Black British	
<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	African
<input type="checkbox"/>	Other (Black background)
Chinese	
<input type="checkbox"/>	Chinese
Other Ethnicity	
<input type="checkbox"/>	Other than listed above
<input type="checkbox"/>	I do not wish to state

You may leave this group at any time, by notifying Reception.

Your email address will not be shared with other patients

This group will be to discuss general issues, and cannot be used to ask questions about individual patients or their treatments – no medical information or questions will be responded to

The information you supply us will be used lawfully, in accordance with the Data Protection Act 1998.