# Five Valleys Medical Practice

## Registration of Interest to join our Patient Participation Group

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| **Please note that all information you provide will be treated in confidence**  **What is the Patient Participation Group?**  Every surgery in England has a Patient Participation Group - a "PPG".  It is a group of patients who work in partnership with staff, offering their perspective to improve common understanding and to help identify ways to meet patients’ needs.   **What does being part of the PPG involve?**   * Providing insight into the patient point of view about services, their quality, and their responsiveness * Offering ideas, suggestions, and constructive criticism * Being a link between the practice and the local community   It can also involve   * Finding out about the views of those who use the practice * Organising health promotion events * Communicating regularly with the patient population * Encouraging people to take greater responsibility for their own and their family's health   The PPG is not a place for complaints, or to air grievances.  We will maintain confidentiality in relation to patients, staff and PPG members. Members should be treated equally and with respect. All views are valid and will be listened to and respected.    The PPG typically meets 4 times a year - this might be online via Zoom or Microsoft Teams, or in person at the practice.  If you are interested in joining Five Valleys Medical Practice PPG, please complete this form by **Thursday 31 July** to register your interest.  We strive to have a group that represents the mix of our patient population.    If you have any questions, please email [fvmp.reception@nhs.net](mailto:fvmp.reception@nhs.net) or telephone 01453 764222 and ask to speak to the Operations Manager. |

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| This survey is facilitated by NHS Gloucestershire in partnership with Five Valleys Medical Practice. To find out more about the way NHS Gloucestershire uses your information please visit our website:  [www.nhsglos.nhs.uk/about-us/how-we-meet-our-duties/using-your-information/](https://www.nhsglos.nhs.uk/about-us/how-we-meet-our-duties/using-your-information/) . |

## Five Valleys Medical Practice PPG registration of interest - your personal details

### 1. Your full name

|  |  |
| --- | --- |
| |  | | --- | |  | |

### 2. Your email address

|  |  |
| --- | --- |
| |  | | --- | |  | |

### 3. Your home address

|  |  |
| --- | --- |
| |  | | --- | |  | |

### 4. Your Postcode

|  |  |
| --- | --- |
| |  | | --- | |  | |

### 5. Your Telephone number

|  |  |
| --- | --- |
| |  | | --- | |  | |

### 6. Your Mobile number

|  |  |
| --- | --- |
| |  | | --- | |  | |

### 7. Are you a patient at Five Valleys Medical Practice?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

### 8. Which of these describe you? Please select all that apply

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Carer |  | Employed (full time) |  | Employed (part time) |
|  | Homemaker |  | Retired |  | Student (full time) |
|  | Student (part time) |  | Other |  | |

### 9. Do you wish to mention any experience, occupation, or background?

|  |  |
| --- | --- |
| |  | | --- | |  | |

### 10. Please tell us why you would like to join this group, and what you think you could bring to the group.

|  |  |
| --- | --- |
| |  | | --- | |  | |

### 11. Please tell us what your expectations are about this group.

|  |  |
| --- | --- |
| |  | | --- | |  | |

### 12. Please select the areas you would be interested in (please select all that apply):

|  |  |  |  |
| --- | --- | --- | --- |
|  | Services for Adults |  | Services for Children and Young People |
|  | Mental Health |  | Carers |
|  | Young Carers |  | Veterans and the Armed Forces Community |
|  | Health Promotion |  | Health and Wellbeing |
|  | Other (please specify):   |  | | --- | |  | | | |

### 13. Would you be happy to take part in video conference calls, for example Zoom or Microsoft Teams, when they take place?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

## Five Valleys Medical Practice PPG registration of interest - PPG ground rules

### 14. Do you agree to the following rules of the group? (Please note, in order to join the group, all boxes must be selected)

|  | Yes, I agree |
| --- | --- |
| No sharing of medical information or requests for medical advice |  |
| No offensive or abusive behaviour - be kind, caring and courteous |  |
| Respect the views of fellow PPG members and practice staff |  |
| Respect the group's privacy at all times |  |

## Five Valleys Medical Practice PPG - registration of interest - About You

|  |
| --- |
| Your responses to the questions below will help us have a group that is representative of the mix of patients who are registered with us. |

### 15. Are you:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Male |  | Female |  | Transgender |
|  | Non-binary |  | Prefer to self describe |  | Prefer not to say |

### 16. Which age group are you:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Under 18 |  | 18-25 |  | 26-35 |
|  | 36-45 |  | 46-55 |  | 56-65 |
|  | 66-75 |  | Over 75 |  | Prefer not to say |

### 17. Which best describes your ethnicity?

|  |  |  |  |
| --- | --- | --- | --- |
|  | White British |  | White Other |
|  | Asian or Asian British |  | Black or Black British |
|  | Chinese |  | Mixed |
|  | Prefer not to say |  | |
|  | Other (please specify):   |  | | --- | |  | | | |

### 18. Do you consider yourself to have a disability? (Tick all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
|  | No |  | Mental health problem |
|  | Visual Impairment |  | Learning difficulties or learning disability |
|  | Hearing impairment |  | Long term condition |
|  | Physical disability |  | Prefer not to say |

### 19. Do you look after, or give any help or support to family members, friends, neighbours or others because of either a long term physical or mental ill health need or problems related to old age? Please do not count anything you do as part of your paid employment

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |  | Prefer not to say |

### 20. Which of the following best describes how you think of yourself?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Heterosexual or straight |  | Gay or lesbian |
|  | Bisexual |  | Other |
|  | I would prefer not to say |  | |

**Thank you for taking the time to complete this application form. We will be in touch to let you know the outcome shortly.**