**BASSINGHAM SURGERY**

**PATIENT PARTICIPATION GROUP APPLICATION**

|  |
| --- |
| Name:  |

|  |
| --- |
| Address and Post Code:  |

|  |
| --- |
| Email: |

|  |
| --- |
| Date of birth: |

|  |
| --- |
| Contact phone number: |

|  |
| --- |
| Nationality: |

|  |
| --- |
| Please let us know why you would like to be a member of our PPG |

**Age:** What age group do you belong to?

|  |  |  |
| --- | --- | --- |
| 16 – 24  | 35 – 39  | 50 – 54  |
| 25 – 29  | 40 - 44  | 55 – 59  |
| 30 – 34  | 45 – 49  | 60 – 64  |
| Prefer not to say  | 65 +  |  |

**Disability:** Are your day-to-day activities limited because of a health problem or disability which has lasted, or expected to last, at least 12 months (including any problems related to old age)?

|  |  |
| --- | --- |
| Yes, limited a little  | No  |
| Yes, limited a lot  | Prefer not to say  |

If you answered 'yes' to the previous question, please indicate your disability - people may experience more than one type of impairment, in which case you may indicate more than one

|  |  |  |
| --- | --- | --- |
| Physical impairment  | Mental health condition  | Long-standing illness  |
| Sensory impairment | Learning Disability/Difficulty  | Other  |

**Gender:** What is your gender?

|  |  |  |
| --- | --- | --- |
| Male | Female | Intersex |
| Non-binary | Prefer not to say | Prefer to self-identify |

|  |
| --- |
| **Equalities Monitoring**Why we are asking you to provide this informationThe information that we are asking you to provide in this form links to our compliance with the Equality Act 2010, Public Sector Duties (2011), where we give due regard to the need to: • Eliminate unlawful discrimination, harassment and victimisation and other conductprohibited by the Act. • Advance equality of opportunity between people who share a protected characteristic and those who do not. • Foster good relations between people who share a protected characteristic and those who do not.The aims and commitments set out in our equality policy enable us to carry out these duties appropriately. Our commitment to collect and monitor equality data about our service users provides us with key information that helps us to identify gaps and/or discrepancies in our practices.You are not obliged to answer these questions, and we understand that you may find some of this information personal and sensitive in nature. Please note, however, by gathering this data it helps us to understand the diversity of the people we serve and enables us to ensure that we are doing the utmost to support all our service users in a fair and equitable way.**Data protection**The information you provide is anonymous and will not be stored with any identifying information about you. We may use anonymised statistics and data provided by you collectively to identify trends and inform discussions about how to improve our practices. No information will be published or used in any way which allows any individual to be identified. All details are held in accordance with the Data Protection Act 1998.If you would like this information in an alternative format, or would like help in completing the form, please contact us. |

**Ethnicity:** What is your ethic group?

|  |  |  |
| --- | --- | --- |
| Asian or Asian British: Indian  | Black or Black British: Caribbean  | Asian or Asian British: Chinese  |
| Asian or Asian British: Pakistani  | Black or Black British: Caribbean: African  | Any other Black background (please state) ………………………… |
| Asian or Asian British: Bangladeshi  | Any other Asian background (please state) ………………………… |  |
| Mixed: White and black Caribbean | White: Welsh / English / Scottish / Northern Irish / British  | Mixed: White and Black African  |
| White: Irish | Mixed: White and Asian  | White: Gypsy or Irish Traveller  |
| Any of mixed background (please state)………………… | Any other White background (please state) ......................................................................... | Other ethnic group: Arab |
| Any other (please state)……………………………………. | Prefer not to say  |  |

Your details will be used by the practice for the administration of this project. Your details will not be shared with any other party unless you give consent for your information to be shared with NHS organisations in Lincolnshire.

**Thank you for your support.**