



Working together for the health of the community

Membership Application

Mission Statement

It is the mission of the Patient Participation Group (PPG) to work together with the Practice, as representatives of the registered patient population, to achieve the Practice's vision for the delivery of high quality care in the community.

I would like to join the Patient Participation Group. I understand the purpose of the group is to promote effective communication between patients and the Practice and to act as advocates for the practice.

Patient Details

Name:

Email address:

Postcode:

Other Additional Details

The following additional information is optional. It will only be used to help make sure that our PPG is representative of the Practice registered patient population.

Are you? Male Female Other

Age: Group	16 - 18	<input type="checkbox"/>	19 - 24	<input type="checkbox"/>	25 - 34	<input type="checkbox"/>	35 - 44	<input type="checkbox"/>
	45 - 54	<input type="checkbox"/>	55 - 64	<input type="checkbox"/>	65 - 74	<input type="checkbox"/>	75 - 84	<input type="checkbox"/>
	Over 84	<input type="checkbox"/>						

How would you describe how often you come to the Practice?

Regularly Occasionally Very rarely

Are you a parent or carer?

Parent How old are your children?

Carer Who do you care for?

I give consent for these details to be held **only** in connection with Aboyne Medical Practice Patient Participation Group.

Signed..... Date.....

Thank you for your interest in joining the group. Please return your completed application to:
Kerry Donaldson, Practice Manager, Aboyne Medical Practice, Bellwood Road, Aboyne, AB34 5HQ
Or scan and Email to: gram.aboynepatientparticipationgroup@nhs.scot
Your application will be submitted for approval at our next meeting.