**Dalblair Medical Practice PPG**

**Membership Form**



Forename:

Surname:

Address:

Postcode:

Telephone:

Email:

Please return this form to:

Michelle Palmer or Jessica Burgess

Your personal information will be stored securely by the Health and Social Care Partnership in accordance with the Data Protection Act and will not be shared with external organisations or individuals without your permission.

JOIN THE PATIENT PARTICIPATION GROUP!

**This is your chance to help improve the health of your community!**

Patient Participation Groups (PPGs) are made up of volunteers from the community who are interested in working with Doctors, Nurses and other healthcare professionals to improve the health and wellbeing of their community.

**Thank you for completing this form. For more information, please speak to a member of staff.**