

KINGSBRIDGE MEDICAL PRACTICE
PATIENT PARTICIPATION GROUP APPLICATION

NAME:

ADDRESS:

.....

.....Tel:

Personal profile (please include some information about your background and any skills/knowledge you can bring to the group)

Please say why you are interested in finding out more and becoming a member of the PPG

PPG meetings are generally held at the surgery with a GP Partner and the Practice Manager. Please indicate below your availability for meetings.

Day	Available?	Specific times (if applicable)
Tuesday Morning	Yes / No	
Tuesday Afternoon	Yes / No	
Tuesday Evening	Yes / No	
Thursday Morning	Yes / No	
Thursday Afternoon	Yes / No	
Friday Morning	Yes / No	
Friday Afternoon	Yes / No	
Saturday Morning	Yes / No	

Kingsbridge Medical Practice also has a virtual PPG. If you're not already a member, you can register at www.myppg.co.uk/register

Please return this form to Reception, for the attention of the Practice Manager. You are welcome to provide any additional information that may support your application. Thank you.