

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.

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.