

# Patient Participation Group Application

## Your Details

Title	
Surname	
Forename	
Date of birth	
Telephone no.	
Email address	
Address	

We collect your contact details to ensure we are able to invite you to our meetings. Due to the pandemic, some of these meetings might take place online. We would also like to start a virtual PPG and reach out to our PPG members via email. If you would not like to receive communication from that source, you can leave that entry blank but it will limit our options to contact.

Signature	
Date	