

**Would you like to make a
positive contribution
to the services and facilities
offered by your practice?**

**Join the
Waterhouses Medical Practice
Patient Participation
Group**



We want to work with you to further improve the services and facilities we provide. This is your opportunity to make a positive contribution and get involved.

You can be involved as much or as little as you like – from keeping up-to-date on the latest developments, to completing surveys or even getting involved in discussion groups – it's up to you!

Benefits of becoming a member:

- ◆ Find out more about your Practice;
- ◆ Have your say in the development and planning of changes to our services and health issues in the local area;
- ◆ Receive feedback on changes made in response to YOUR input.

As a result you will be able to

- ◆ Voice your opinions and know that we are listening;
- ◆ Make a positive contribution to the services we offer;
- ◆ Take responsibility for your health and the health of the Practice population.

If you have any further queries, please contact the Surgery and ask to speak to
Michelle Wilton, Information Co-ordinator
or Kate Robotham, Practice Manager.

PLEASE NOTE—this is not a Complaints Forum ... these should be taken up with the Practice Manager through the Complaints Procedure.

If you would like to be involved, complete the application form below.

Data Protection Act 1998 *The information that you provide on this form will be used by Waterhouses Medical Practice to contact you about the activities of the Well Street Medical Centre Patient Participation Group and to inform you of the ways in which you can get involved. Your details will only be used for this purpose and will not be shared with anyone else. The information you supply will be held securely and in accordance with the Data Protection Act 1998. You can opt out of the Patient Participation Group at any time by contacting the surgery on 01538 308207 and asking to speak to either Michelle Wilton, Information Co-ordinator or Kate Robotham, Practice Manager.*

Please tick the box to confirm that you have read and understood the data protection information.

I would like to become involved in Waterhouses Medical Practice Patient Participation Group.

Title: Mr Mrs Miss Ms Other

Name:

Address:

..... Postcode:

Telephone Number (and/or mobile):

.....

Email Address: (preferable form of contact if possible):

.....

Date of Birth: Ethnicity:

Please confirm that you are registered at Waterhouses Medical Practice:
Yes (please circle)

Do you consider yourself to have a disability?

Yes

No

How would you like us to stay in touch with you?

Post

E-mail (Our preferred method: it's faster and costs less)

How would you like to be involved? (please tick all that apply)

Send me surveys

Send me updates

I want to be involved in discussion groups

Your signature: **Date:**

Now, simply hand this form to Reception or take it home and return it to the Surgery in person or by post:

**Michelle Wilton, Waterhouses Medical Practice, Waterfall Lane,
Waterhouses, Stoke-on-Trent, Staffs, ST10 3HT**

We'll be in touch!