**ASA Medical Group**



Armthorpe, Mere Lane, DN3 2DB

The Sandringham Centre, Intake, DN2 5JH

Auckley Surgery, 41 Ellers lane, DN9 3HY

Tel: 01302 986110

Email: [donccg.asa-medical-group@nhs.net](mailto:donccg.asa-medical-group@nhs.net)

**Patient Participation Group - Expression of Interest**

The views of patients about how our Practice can continually develop a first class service are very important to us.

If you would like to help us to do this please provide your details below.

I am interested in becoming a member of our PPG and would like further information.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above information will be held securely by ASA Medical Group and only used to facilitate your pending membership of the PPG.

The secretary of our PPG will then contact you with further information about your membership.

**I agree that the Practice and the Secretary and Chair of the PPG can contact me on the above information.**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please return this form to ;

Vikki Thompson, Team Leader,

ASA Medical Group