

**APPLICATION FOR MEMBERSHIP OF  
THE BENNFIELD SURGERY PATIENT PARTICIPATION GROUP**

**SECTION 1**

**ABOUT YOU**

<b>Name:</b>	
<b>Address:</b>	
<b>Email address</b>	
<b>Phone Number</b>	

**SECTION 2**

**PLEASE BRIEFLY EXPLAIN WHY YOU WISH TO JOIN THE BENNFIELD PPG.**


**SECTION 3**

**YOUR EXPERIENCE & SKILLS**

**In this section, please briefly explain any previous experience or skills you feel would benefit this group**


Please email your completed form to: [reception.bennfieldsurgery@nhs.net](mailto:reception.bennfieldsurgery@nhs.net)  
Alternatively, you can hand in your completed forms to our main reception for the attention of the Office Manager.

On receipt of your registration of interest we aim to reply within two weeks.

Thank you for your interest in joining this group and making a contribution to our community health and wellbeing.