

THE FRIENDS OF LAKESIDE HEALTH CENTRE

Patients Association Database—Volunteer Forum

The Lakeside Medical Practice has set up a 'Patients Association' database. It has been developed to help us ensure we keep as many people as possible informed of opportunities to get involved and have a say about health issues and health services.

To join simply complete the registration form below and return it to the Practice Manager, at the Lakeside Health Centre.

1. PERSONAL DETAILS

Title: (Ms/Miss/Mrs/Mr/Dr) _____ First Name: _____

Surname: _____ Date of birth: _____

2. CONTACT DETAILS

Address: _____

Postcode: _____

Telephone (Home): _____ Telephone (Work): _____

Mobile: _____ Email: _____

3. HOW WOULD YOU LIKE TO BE INVOLVED? (PLEASE TICK ALL THAT APPLY)

- | | |
|----------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> post (e.g. questionnaires, surveys) | <input type="checkbox"/> attend meetings in the afternoon |
| <input type="checkbox"/> telephone (e.g. questionnaires, surveys) | <input type="checkbox"/> attend meetings in the evening |
| <input type="checkbox"/> email | <input type="checkbox"/> group discussions |
| <input type="checkbox"/> representation on the Patient Participation Group | |
| <input type="checkbox"/> attending public consultation events | <input type="checkbox"/> attend meetings in the morning |

4. Do you have a particular interest in any area of health e.g. diabetes?

5. Please specify below any factors that could affect your involvement (e.g. childcare, carer responsibilities, language, mobility, travel costs etc). We are keen to include as wide a range of local people as possible in involvement activities. It is therefore valuable to know if there are practical considerations that may prevent or limit the extent to which you are able to get involved.

6. Additional information (please tick a relevant box that describes your ethnic origin)

- | | | |
|------------------------------------------------|----------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Asian-Bangladeshi | <input type="checkbox"/> Black African | <input type="checkbox"/> Mixed/Other |
| <input type="checkbox"/> White/Black Caribbean | <input type="checkbox"/> Asian-Indian | <input type="checkbox"/> Black Caribbean |
| <input type="checkbox"/> Not Stated | <input type="checkbox"/> White British | <input type="checkbox"/> Asian-Pakistani |
| <input type="checkbox"/> Black Other | <input type="checkbox"/> White/Asian | <input type="checkbox"/> White Irish |
| <input type="checkbox"/> Asian Other | <input type="checkbox"/> Chinese | <input type="checkbox"/> White/Black African |
| <input type="checkbox"/> White Other | Other – please specify: _____ | |

Please sign: _____

Date: _____

Thank you for taking the time to complete this form.

Please return the registration form to:

The Practice Manager Lakeside Health Centre Yarnton Way
Thamesmead South London SE2 9LH