



17 OSBORNE ROAD, JESMOND, NEWCASTLE UPON TYNE, NE2 2AH
JESMONDHEALTHPARTNERSHIP.CO.UK 0191 281 4588

Jesmond Health Partnership Practice Participation Group Membership Application Form

Please see accompanying information at jesmondhealthpartnership.co.uk/ppg before filling out this form or paper copies available from reception desks.

Please note all personal details will be held securely and confidentially according to normal JHP process and legal requirements.

Full Name (as registered with the Practice)	
How do you prefer to be called?	
Are you applying as (tick all that apply)	<div>a patient registered at JHP yes</div> <div>a carer of a patient registered at JHP yes</div> <div>a member of staff yes</div>
What are you applying for	<div>to become a member of the PPG (get involved its work) yes</div> <div>to become a Friend of the PPG (receive information) yes</div>
Contact details:	
Mobile phone	<div>Phone number -</div> <div>Does the practice contact you on this number? yes</div> <div>Is it a smart phone (internet enabled?) yes</div> <div>Can the PPG contact you via this number? yes</div> <div>Prefer not to share yes</div>
Email address	<div>Email address -</div> <div>Does the practice email you at this address yes</div> <div>Can the PPG contact you via this email? yes</div> <div>Prefer not to share yes</div>

Mailing address as registered at the practice (Please update at the practice if necessary)	<div>Is this up to date at the practice?</div> <div>yes / no</div>
Tell us a little about why you want to join Jesmond Health Partnership Patient Participation Group Do you have any particular areas of interest?	
Signature	
Date	