

## PPG JOINING FORM

I would like to join my GP practice  
Patient Participation Group (PPG)

Name \_\_\_\_\_

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

Post code \_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

By completing this form, you give your consent to be contacted by Dr Victoria Muir's Practice about our PPG. We will not use your data to contact you about anything other than this area of work or until you have given us your explicit consent for us to do so.

To find out more about how we store your data, you can read our privacy policy our website.

You can have your details removed from our database at any time. Please email [drvmuirbelgravemc@nhs.net](mailto:drvmuirbelgravemc@nhs.net)