



Application to join the Patient Group

Full name	
Date of birth	
Contact Telephone number	
E-mail (if you have one, or home address)	

Are you?	Male / Female / Transgenda			
Your age	Under 24 / 24 – 35 / 36 – 45 / 46 – 55 / 56 – 65 / Over 65			
Ethnicity	White British	White European	White & black Caribbean	White and black African
	White & Asian	Indian	Pakistani	Bangladeshi
	Black or black British Caribbean	Black or black British African	Chinese	Any other

Once completed please return to the East Shore Partnership either in person or email to mail.j82194@nhs.net.

All information provided will be used in accordance with the Data Protection Act 1998

