**LIME TREE SURGERY**

**PATIENT PARTICIPATION GROUP**

**APPLICATION FORM**

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| **PERSONAL DETAILS** |

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| **Surname** | | **Forenames** |
| **Mr/Mrs/Ms/Miss  (delete as appropriate)** | **Address** | |
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|  | | |
| **Post Code** | | **Telephone number**  **Home**  **Mobile** |
| **Email address:** | | | |

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| **Please tick which group(s) that you are able to represent:**   * Young person aged 18-30 * New parent (those with a child aged under 2 years) * Women’s health (such as but not limited to fertility, reproductive system conditions, perimenopause, menopause) * Carer (unpaid) * Care leaver (i.e. someone who has lived within care) * Neurodivergent or learning disability * Lived experience of a mental health condition * BAME * LGBTQ+ * Long Term Condition (such as but not limited to: diabetes, asthma, COPD, rheumatoid arthritis, fibromyalgia) * Cancer (including those in remission) * Recently retired * Older person aged 65+   **Which site do you principally attend or live closest to:**   * **Findon Valley** * **Durrington** * **Goring** |

**Please provide relevant information in support of your application.**

**(please include why you would be a valuable member of the group)**

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| (*please continue on further blank pages if needed)* |

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| **REFERENCES**  **Please give the name and address of two people from whom we may obtain a reference.** |

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| **1.**  **2.** |  |
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| **CRIMINAL RECORD**  **Please give details of any criminal convictions and cautions, except those spent under the rehabilitation of offenders act 1974 and the amendments to the exception order 1975 (2013).**  **For the purpose of this post you are required to provide this information.** |

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| * **I confirm the above information is complete and correct.** | |
| * **I authorise you to contact the above two stated referees.** | |
| **Signed:** | **Date:** |