**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**
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**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.**
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| * **I authorise you to contact the above two stated referees.**
 |
| **Signed:** | **Date:** |