



## Application to join the Patient Group

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

<b>Are you?</b>	Male / Female / Transgenda			
<b>Your age</b>	Under 24 / 24 – 35 / 36 – 45 / 46 – 55 / 56 – 65 / Over 65			
<b>Ethnicity</b>	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](mailto:mail.j82194@nhs.net).**

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

