**THE HOLLIES SURGERY PATIENT PARTICIPATION GROUP**

**APPLICATION FORM FOR PATIENT PARTICIPATION GROUP**

**TITLE**

**SURNAME FIRST NAME**

**ADDRESS**

**POST CODE**

**TEL NO.**

**DAYTIME**

**EVENING/ WEEKEND**

**MOBILE**

**E-MAIL**

**WHY ARE YOU INTERESTED IN THE GROUP? (**Give a brief outline)

**WHAT QUALITIES COULD YOU BRING TO THE GROUP?** (Give a brief outline)

Send your completed form to:

Clair Batrick

The Hollies Surgery

41 Rectory Road

Hadleigh

Benfleet

Essex

E-mail: clairbatrick@nhs.net