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| CLEOBURY MORTIMER |
| MEDICAL CENTRE |

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| Vaughan Road | Tel: 01299 270209 |
| Cleobury Mortimer | email:cleobury.mortimermc@nhs.net |
| Kidderminster |  |
| DY14 8DB |  |

**PATIENT PARTICIPATION GROUP**

**APPLICATION FORM FOR PATIENT PARTICIPATION GROUP**

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| --- | --- |
| **Title:** |  |
| **First Name:** |  |
| **Surname:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Contact Number:** |  |
| **Email:** |  |

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

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

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**Send your completed form to:**

**Kim Murrells**

**Cleobury Mortimer Medical Centre, Vaughan Road, Cleobury Mortimer, Kidderminster, Worcestershire, DY14 8DB**

**E-mail: kim.murrells@nhs.net**