

Patients' Voices and Your Practice Your Voice: **application form**

Please note that only fully completed applications can be accepted because we need to demonstrate the demographics of membership.

**Name:**

**Address:**

**Email:**

**Gender:** Male/Female

**Age band:** Under 17; 17-24; 25-34; 35-44; 45-54; 55-64; 65-74; 75-84; Over 84

I am a carer Yes/ No

I have a long-term medical condition / disability Yes/No

I would like to join the Patient Group (please tick) \_\_\_\_\_

I would like to join the virtual group, Your Practice Your Voice (please tick) \_\_\_\_\_

**Ethnicity:** (please tick as appropriate)

**White**

British

Irish

**Mixed**

White & Black Caribbean

White & Black African

White & Asian

**Asian or Asian British**

Indian

Pakistani

Bangladeshi

**Black or Black British**

Caribbean

African

**Chinese or other ethnic Group**

Chinese

Any other