

East Shore Partnership

Hayling Avenue,

Portsmouth

PO3 6BH

Tel: 023 9282 7132

Website**:** [**www.eastshorepartnership.co.uk**](http://www.eastshorepartnership.co.uk)

**EXPRESSION OF INTEREST**

**PATIENT PARTICIPATION GROUP**

I am interested in knowing more about the patient participation group and how I may contribute. Please contact me with further details.

Name: ………………………………………………………………………………………….

Address: ………………………………………………………………………………………

 ………………………………………………………………………………………

 ………………………………………………………………………………………

Post Code: ……………………………………………………………………………………

Telephone: ……………………………………………………………………………………

**\*\***Mobile: ……………………………………………………………………………………….

**\*\***Email: …………………………………………………………………………………………

***\*\*please note these are not essential to becoming a member of the group***

You may email this form to esppatient@hotmail.com or down load it and hand it in at the surgery reception, who will forward it to the PPG.

Thank you for your interest. You will be contacted in due course by someone from the group.