

**LIME TREE SURGERY
PATIENT PARTICIPATION GROUP
APPLICATION FORM**

PERSONAL DETAILS

Surname		Forenames	
Mr/Mrs/Ms/Miss (delete as appropriate)	Address		
Post Code		Telephone number	
		Home	
		Mobile	
Email address:			

Please tick which group(s) that you are able to represent:

- Young person aged 18-30
- New parent (those with a child aged under 2 years)
- Women's health (such as but not limited to fertility, reproductive system conditions, perimenopause, menopause)
- Carer (unpaid)
- Care leaver (i.e. someone who has lived within care)
- Neurodivergent or learning disability
- Lived experience of a mental health condition
- BAME
- LGBTQ+
- Long Term Condition (such as but not limited to: diabetes, asthma, COPD, rheumatoid arthritis, fibromyalgia)
- Cancer (including those in remission)
- Recently retired
- Older person aged 65+

Which site do you principally attend or live closest to:

- Findon Valley
 - Durrington
 - Goring
-

