**Application Form to be a member of The Ridings Patient Participation Group**

**Please be aware you need to be 18+ to join the PPG.**

**Date:**

**Name:**

**Address:**

**Tel. No**:

**Mobile:**

**Email:**

Do you have any family members already on the Group? Yes/No

Please tell us if you have any relevant work/voluntary work experience:

Tell us why you wish to join the Patient Participation Group and what you feel you have to offer:

Is there further information that you wish to add?