

Application Form

Please return completed form to

Burnham.ppg1@nhs.net,

or BHC PPG, Minniecroft Road, Burnham SL1 7DE

You must be a registered patient at Burnham Health Centre and be over 16.

Burnham Health Centre



Patient Participation Group

Name	
Telephone or mobile ²	
Email ²	
Why do you want to be a member?	
How can you help ¹ ?	

¹ The PPG needs members who can help communicate with patients. This could take many forms – being in contact with young mothers, disabled or disadvantaged patients; working with social groups in the village; computer skills; organisational skills for meetings. It could be just talking to people at health centre or village events.

² *Burnham Health Centre and the PPG will ensure appropriate safeguards are in place to ensure GDPR compliance including password protection for the information held. Such information will be used by the PPG to disseminate health education information to you, to update you on changes within the practice or to invite you to health education evenings or other health promotional events. Your information will only be shared with your specific consent and this can be withdrawn at any time. For full details of the practice "Privacy Notice" please visit <http://www.burnhamhealthcentre.co.uk>*