

The Friends of Park Surgery serves a dual purpose:-

1. We act as the Patient Participation Group for the Park Surgery Practice and represent the interests of the patients as a group concerning the running of the practice.
2. As a registered charity, we raise funds to help provide equipment and services in support of the patients. Since 2006 over £50,000 has been raised. Purchases include ECG machines, chairs for waiting room, pulse oximeter, defibrillator, BP machines, and a dermascope

To support our charitable activities, we ask that members make a regular donation to our fund raising activity. Whilst there is no minimum, we hope you will feel able to set up a Standing Order for £10 once a year. If you would like to donate by Standing Order, we will be happy to forward a Standing Order Mandate to you.

Cash or cheque is equally welcome.



FRIENDS OF PARK SURGERY

PLEASE RETURN THIS FORM TO

Ian Foord
Membership Secretary
Friends of Park Surgery
Park Surgery
Albion Way
Horsham RH12 1BG
Or by e-mail to
friends.ofparksurgery@nhs.net



Is there a better quality photo—this is taken from the website ?

Charity No: 1011608

PLEASE PROVIDE THE FOLLOWING INFORMATION
SO THAT WE CAN RECORD YOUR MEMBERSHIP

What is the Patient Participation Group

A Patient Participation Group (PPG) is a group of people who are patients of the surgery and want to help it work as well as it can for patients, doctors and staff. The NHS requires every practice to have a PPG.

Why should you join?

You have been to the surgery as a patient, parent, carer or friend.

Your experiences matter and you can bring different ideas to the surgery to help the surgery treat patients better and to improve the services provided.

You will also gain a better understanding of the NHS, and gather feedback from other patients.

Privacy Statement

The Friends of Park Surgery take your privacy seriously and will only use your personal information to administer your membership and to provide information you have agreed to receive from us.

From time to time, we would like to contact you with details of our fund raising activity, meetings, opportunities to provide feedback on the services of the practice, and information on medical issues affecting the patient community.

If you consent to us contacting you for these purposes please tick the relevant boxes:

Post E-mail

Telephone Text

Signature _____ Date _____

Name:
Title:
Address:
E-mail:
Home telephone:
Mobile:

IF YOU WOULD LIKE TO MAKE A DONATION
PLEASE COMPLETE THE FOLLOWING

Cheque/Cash Amount enclosed:	<input type="checkbox"/>
Amount	
Or	
Standing Order (Mandate will be sent to you)	<input type="checkbox"/>
I/We wish this (and any future) donation to be subject to Gift Aid	<input type="checkbox"/>
Signature	