

Shore Champions Membership Form

We want our patients to be well informed about their GP practice.

We want to give you the opportunity to share your views about the services we deliver, be involved in the ongoing development, and be kept up to date with changes at the practice by completing surveys and providing valuable feedback.

We want to give you the opportunity to join our groups of volunteers, supporting Shore Medical to improve the health and wellbeing of everyone in the community, providing patients with extra support, information and of course fun!

To help us please join our Shore Champions Group

Sign up to our **Shore Champions Group** and, from time to time we will contact you to ask for feedback, sometimes through surveys, and we will send you our practice newsletter along with invitations to events.

Please tell us your full name.....

Date of Birth.....

Email address.....

By giving us your email address on this form, we assume consent to reply to this form via email when necessary. If you prefer not to receive email, please contact the surgery by telephone.

1. I would like to be part of the Shore Champions Group and (please tick)
 - I would like to attend meetings and/or events
 - I would be interested in volunteering to help at meetings/events
 - I would be happy to provide feedback/complete surveys when requested

2. I am no longer able to be a part of the Shore Champions Group
 - Yes, please remove me from the group

The information you supply us will be used lawfully, in accordance with the Data Protection Act 2018. The Data Protection Act 2018 give you the right to know what information is held about you and sets out rules to make sure that this information is handled properly.