

In partnership with patients for health and wellbeing

## APPLICATION FOR MEMBERSHIP OF THE LATHAM HOUSE MEDICAL PRACTICE PATIENT REFERENCE GROUP (LHMP PRG)

SECTION 1	ABOUT YOU
Name:	
Address:	
Addiess.	
Email address	
Phone Number	
SECTION 2	PLEASE BRIEFLY EXPLAIN WHY YOU WISH TO JOIN THE LHMP PRG.
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**SECTION 3** 

## **YOUR EXPERIENCE & SKILLS**

In this section, please briefly explain any previous experience or skills you feel would		
benefit this group		

Please email your completed forms to <a href="mailto:chair@lathamhouseprg.org.uk">chair@lathamhouseprg.org.uk</a> and <a href="mailto:secretary@lathamhouseprg.org.uk">secretary@lathamhouseprg.org.uk</a>.

Alternatively, you can hand in your completed forms to our main reception for the attention of the Practice Manager.

On receipt of your registration of interest we aim to reply within two weeks.

Thank you for your interest in joining this group and making a contribution to our community health and wellbeing.

February 2020