



LathamHouse

Medical Practice

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:	
Email address	
Phone Number	

SECTION 2 PLEASE BRIEFLY EXPLAIN WHY YOU WISH TO JOIN THE LHMP PRG.

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

A large, empty rectangular box with a thin black border, intended for the applicant to write their response to the question above.

Please email your completed forms to secretary@lathamhouseprg.org.uk.

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.