

Please Return This Completed Form To The Surgery At Your Earliest Convenience. Thank You.

INFORMATION ABOUT YOUR ETHNIC GROUP – Please return this completed form to the Practice at your earliest convenience. Thank you.

ETHNIC CATEGORY	PLEASE TICK AS APPROPRIATE	DETAILS (Please specify where 'Other')
British or Mixed British		
Irish		
Other White Background		
White/Black Caribbean		
White/Black African		
Asian		
Other Mixed Background		
Indian or British Indian		
Pakistani or British Pakistani		
Bangladeshi or British Bangladeshi		
Other Asian Background		
Caribbean		
African		
Other Black Background		
Chinese		
Other		
Ethnic Category not Stated		
I DO NOT WISH MY ETHNICITY TO BE RECORDED		

INFORMATION ABOUT YOUR FIRST LANGUAGE

My first language is:

Or

I do not wish my first language to be recorded (please tick if applicable)

Please read and sign the following statement:

I consent to the above information being held as part of my Medical Notes at the Calverton Practice and understand that it will only be passed on to any other GP surgery with whom I may register in the future. I understand that this information will not be shared with any other party without my consent.

Signed:.....

Name (Please print):.....Date:.....

Thank you for your co-operation. Please be assured that this information will be used solely for the purpose of improving the care we offer to you.

The Calverton Practice