

Thank you for registering your child with Portsdown Group Practice
(PGP)

Please complete questions below and all attached forms in full. Failure to do so can prevent your child's registration. If you would like help filling in these forms please ask at reception.

Please sign below

I give my informed consent for PGP to hold, process and share the records of my child, manually and electronically, for the purpose - provisions specified In accordance with the Data Security Act 1998.

Name of child _____ (print) D.O.B _____

Signed (by parent) _____ Date _____

Name of School or Nursery attending _____

Has your child been registered with this practice before, either at Crookhorn Surgery, Cosham Park House , Paulsgrove Surgery, Victory surgery or Buckland Medical Centre Surgery

YES/NO

In order to meet Health Authority Requirements, we need to record the ethnic origin and first language of all patients who are registered within our practice.

First Language Spoken _____

Please tick the box that applies to you

Ethnic Origin (ethnic category 2001 census)

- | | |
|---|--|
| <input type="checkbox"/> British or Mixed British | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Other White background | <input type="checkbox"/> White and Black Caribbean |
| <input type="checkbox"/> White and Black African | <input type="checkbox"/> White and Asian |
| <input type="checkbox"/> Other mixed background | <input type="checkbox"/> Indian or British Indian |
| <input type="checkbox"/> Pakistani or British Pakistani | <input type="checkbox"/> Other Asian background |
| <input type="checkbox"/> Bangladesh or British Bangladesh | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> African | <input type="checkbox"/> Other black background |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other |
| <input type="checkbox"/> Ethnic category not stated | |