

# APPLICATION TO REGISTER PERMANENTLY WITH GRANTLEY MEDICAL PRACTICE

## Additional Patient Support

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Do you require an interpreter or sign language support? Yes:  No:

If you do require an interpreter, what language do you speak? \_\_\_\_\_

**PLEASE TICK IF YOU DO NOT WISH TO GIVE THE INFORMATION**

What is your ethnic group?

(Choose **one section from A – E** and then tick one box that best describes your ethnic background)

### A: White

Scottish  English  Welsh  Northern Irish  British  Irish

Gypsy/Traveller  Polish

Any other white ethnic group, please specify: \_\_\_\_\_

### B: Mixed or multiple ethnic groups

Any mixed or multiple ethnic group

### C: Asian, Asian Scottish or Asian British

Pakistani, Pakistani Scottish or Pakistani British

Indian, Indian Scottish or Indian British

Bangladeshi, Bangladeshi Scottish or Bangladeshi British

Chinese, Chinese Scottish or Chinese British

Other, please specify: \_\_\_\_\_

### D: African, Caribbean or Black

African, African Scottish or African British

Caribbean, Caribbean Scottish, Caribbean British

Black, Black Scottish, Black British

Other, please specify: \_\_\_\_\_

### E: Other ethnic group

Arab  Other, please specify: \_\_\_\_\_