

**Sussex Community Dermatology Service**

**Administration Office**

51 Chesswood Road

Worthing

West Sussex

BN11 2AG

**Patient Helpline:** 01903 703270

**Fax:** 01903 340849

**Email:**

Dear Patient,

Thank you for showing an interest in Sussex Community Dermatology Service’s Patient Participation Group, please complete the information below so we can contact you with additional details.

Please note that participation is completely voluntary and you can withdraw at any point should you wish to do so. All information provided on this form will be used for the purpose of the Patient Participation Group only and not shared with third parties for any reason.

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| --- | --- |
| **Full Name:** |  |
| **Address:** | Postcode:  |
| **Telephone Number:** | Landline: Mobile:  |
| **Email Address:** |  |
| **Signature:** |  |
| **Date:** |  |

*If have any further questions please call our Patient Helpline or email:*