**PPG Toolkit V1.0**

PPG Meeting

**Date: XXX**

**Data protection:** By providing any contact details below you are agreeing to be contacted by the XXXXX PPG regarding the Patient Participation Group (PPG). You will be added to a mailing list (if you are not already included) from which you can unsubscribe at any time.

If you have any questions about data protection, please contact XXXXX XXXXXXXX or call 0113 XXX XXXX. Please note that this sheet will be passed around the room for other attendees to sign. Please only provide the information you are comfortable in sharing.

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