 

**Patient Participation Group Expression of Interest Form**

Sexual Health Dorset wants to give you the opportunity to share your views about the services we deliver and to be kept up to date with changes.

Please give us your information below and one of our health professionals will be in touch.

**NAME:**

**CONTACT NUMBER:**

**or**

**EMAIL ADDRESS:**

Are there particular areas of sexual health you would like to support us with?

(Please choose all that apply)

HIV

Genitourinary services

Contraception

Young people’s services

LGBTQ+

Psychosexual medicine

Any sexual health service

Not sure and would like more information

We always comply with data protection.

We will only use your information to send you emails and will not pass it to anyone else.

Please email this form to: [dhc.sexualhealth.admineast@nhs.net](mailto:dhc.sexualhealth.admineast@nhs.net)