

STATE TEAMS - 2022 U18s Physio Report

Details											
1. (Re	quired)	Name									
2. (Re	quired)	Team	you we	ere Phy	sio of	? (Plea	ase tick	ONE	option	1)	
☐ U18	Boys St	ate									
☐ U18	Girls Sta	ate									
U18	Boys Bl	ues									
U18 Girls Blues											
Questic	ns										
3. (Required) Please rate your fellow COACH. (In which, 1=Poor, 5=Average, 10=Excellent) (Please circle ONE option)											
N/A	0	1	2	3	4	5	6	7	8	9	10
4. Con	nments	if appl	icable								
5. (Re	quired) option)	Please	e rate y	our AS	SSIST	ANT C	OACH.	. (In w	hich, 1	.=Poor,	r, 5=Average, 10=Excellent) (Please circle
N/A	0	1	2	3	4	5	6	7	8	9	10
6. Con	nments	if appl	icable								

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7. (Re option		Pleas	e rate	your M	IANAG	ER. (I	n whicł	n, 1=P	oor, 5=	=Avera	ıge, 10)=Excellent) (Plea	ase circle O	NE
N/A	0	1	2	3	4	5	6	7	8	9	10			
8. Cor	nments	if app	licable											
												on-site for these ONE option)	National	
N/A	0	1	2	3	4	5	6	7	8	9	10			
10. Co	omment	ts if ap	plicabl	e										
												vailable for these ONE option)	· National	
													· National	
Cham N/A	pionshi	ps? (In	which	1, 1=Po	oor, 5=	Avera	ge, 10=	Excel	lent) (F	Please	circle		National	
Cham N/A	pionshi 0	ps? (In	which	1, 1=Po	oor, 5=	Avera	ge, 10=	Excel	lent) (F	Please	circle		• National	
Cham N/A	pionshi 0	ps? (In	which	1, 1=Po	oor, 5=	Avera	ge, 10=	Excel	lent) (F	Please	circle		National	
Cham N/A	pionshi 0	ps? (In	which	1, 1=Po	oor, 5=	Avera	ge, 10=	Excel	lent) (F	Please	circle		National	
Cham N/A	pionshi 0	ps? (In	which	1, 1=Po	oor, 5=	Avera	ge, 10=	Excel	lent) (F	Please	circle		National	
Cham N/A	pionshi 0	ps? (In	which	1, 1=Po	oor, 5=	Avera	ge, 10=	Excel	lent) (F	Please	circle		National	
13. (R	omment	ps? (In 1 ts if ap	2 plicabl	a, 1=Po	oor, 5= 4	Avera	ge, 10=	7	llent) (I	Please 9	10			e,
13. (R 10=Ex	0 omment	ps? (In 1 ts if ap d) Plea) (Plea	2 plicabl	a, 1=Po	oor, 5= 4	Avera	ge, 10=	7	llent) (I	Please 9	10	ONE option)		e,
13. (R 10=Ex	omment equirect	ps? (In 1 ts if ap d) Plea) (Plea	2 plicabl	a, 1=Po	oor, 5= 4	Avera	ge, 10=	7	llent) (I	Please 9	10	ONE option)		e,
N/A 12. Co 13. (R 10=E) Quality N/A	equirect cellent)	ts if ap I) Plea () (Plea antity of	se rate se circ	e the Incle ONE	oor, 5= 4 iformal	5 tion pron	ge, 10= 6 ovided	7 to you	llent) (I	9 Dckey N	10 NSW.	ONE option)		е,

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15. Please upload your PHYSIO REPORT. (Leave blank if you have already sent this via email)
Summary of injuries, treatment etc.
16. Was there anything Hockey NSW could have done to support you in your role?
······································
17. (Required) Would you be a physio of a Hockey NSW team again? (Please tick ONE option)
Yes
□ No
☐ Unsure
18. (Required) Do you have any concerns related to your experience that you would like to raise? (Please tick ONE option)
☐ Yes
No
Please raise these concerns with one of the following options: 1. James
Psarakis - james.p@hockeynsw.com.au (State Teams and Relationships

Please raise these concerns with one of the following options: 1. James Psarakis - james.p@hockeynsw.com.au (State Teams and Relationships Manager). 2. Emma Highwood (emma.h@hockeynsw.com.au) - Chief Executive Officer. 3. Hockey Australia's Raise a Concern Form - https://form.jotform.com/211511298478056

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