

STATE TEAMS - 2022 U18s Physio Report

Details														
1. (Required) Name														
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2. (Req	uired)	Team	you w	ere Ph	iysio d	of? (Ple	ase ti	ck ONE	E optior	ר)				
U18 I	Boys S	tate												
U18	Girls St	ate												
U18 I	Boys B	lues												1
U18 0	Girls Bl	ues												
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3. (Req option)	uired)	Pleas	e rate	your fe	llow (СОАСН	l. (In v	which, ź	1=Poor	, 5=Av	erage,	10=Excellent) (Pl	ease circle ONE	1
N/A	0	1	2	3	4	5	6	7	8	9	10			
4. Com	ments	if app	licable											

5. (Re ONE d			se rate	your A	SSIST	TANT (COACH	l. (In w	vhich, 1	L=Poor,	, 5=Average, 10=Excellent) (Please circle
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6. Cor	nment	s if ap	olicable	9							

option	,										
N/A	0	1	2	3	4	5	6	7	8	9	10
B. Cor	nments	s if app	licable	9							
) (Re	auired) Pleas	e rate	vour e	xnerier	nce of	having	а Тоџ	rname	nt Man	ager on-site for these National
											circle ONE option)
N/A	0	1	2	3	4	5	6	7	8	9	10
10. Co	mmen	ts if an	nlicahl								
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L1. (R	equire	d) Plea	se rate	e your							ager available for these National circle ONE option)
L1. (R Cham	equire	d) Plea	se rate	e your							
L1. (R Cham WA	equire pionsh 0	d) Plea ips? (Ir	se rate 1 which 2	e your h, 1=Pi 3	oor, 5=	Avera	ge, 10=	Excell	ent) (F	Please	circle ONE option)
L1. (R Cham WA	equire pionsh 0	d) Plea ips? (Ir 1	se rate 1 which 2	e your h, 1=Pi 3	oor, 5=	Avera	ge, 10=	Excell	ent) (F	Please	circle ONE option)
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11. (R Cham N/A	equire pionsh 0	d) Plea ips? (Ir 1	se rate 1 which 2	e your h, 1=Pi 3	oor, 5=	Avera	ge, 10=	Excell	ent) (F	Please	circle ONE option)
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11. (R Cham V/A 12. Co 13. (R 10=Ex	equire pionsh 0 ommen	d) Plea ips? (Ir 1 ts if ap d) Plea	se rate which 2 plicabl se rate se circ	e your h, 1=Pr 3 le e the Ir cle ON	oor, 5= 4	5 5	ge, 10= 6	Excell	ent) (F 8	9 9	circle ONE option) 10
L1. (R Cham V/A L2. Co L3. (R L0=Ex	equire pionsh 0 ommen	d) Plea ips? (Ir 1 ts if ap d) Plea	se rate which 2 plicabl se rate se circ	e your h, 1=Pr 3 le e the Ir cle ON	oor, 5= 4 nformat	5 5	ge, 10= 6	Excell	ent) (F 8	9 9	circle ONE option) 10

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 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
