

## 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 Blu          | ıes     |          |         |        |         |          |         |         |         |  |
| Questic       | ns                 |         |          |         |        |         |          |         |         |         |  |
| 3. (Reoption) |                    | Please  | e rate y | our fel | low Co | OACH.   | (In wh   | ich, 1  | =Poor,  | 5=Ave   | erage, 10=Excellent) (Please circle ONE    |
| N/A           | 0                  | 1       | 2        | 3       | 4      | 5       | 6        | 7       | 8       | 9       | 10   |
| 4. Con        | nments             | if appl | icable   |         |        |         |          |         |         |         |  |
|               |                    |         |          |         |        |         |          |         |         |         |  |
| 5. (Re        | quired)<br>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. (Require option)     | ed) Pleas   | se rate y | our MA  | ANAGI    | ER. (In | which   | , 1=Po | oor, 5= | Averag | ge, 10= | Excellent <sub>i</sub> | ) (Pleas | e circle C | DNE |
|-------------------------|-------------|-----------|---------|----------|---------|---------|--------|---------|--------|---------|------------------------|----------|------------|-----|
| N/A 0                   | 1           | 2         | 3       | 4        | 5       | 6       | 7      | 8       | 9      | 10      |                        |          |            |     |
| 8. Comme                | ents if app | olicable  |         |          |         |         |        |         |        |         |                        |          |            |     |
|                         |             |           |         |          |         |         |        |         |        |         |                        |          |            |     |
|                         |             |           |         |          |         |         |        |         |        |         |                        |          |            |     |
|                         |             |           |         |          |         |         |        |         |        |         |                        |          |            |     |
|                         |             |           |         |          |         |         |        |         |        |         |                        |          |            |     |
| 9. (Require<br>Champion |             |           |         |          |         |         |        |         |        |         |                        |          | ational    |     |
| N/A 0                   | 1           | 2         | 3       | 4        | 5       | 6       | 7      | 8       | 9      | 10      |                        |          |            |     |
| 10. Comm                | ents if ap  | plicable  | )       |          |         |         |        |         |        |         |                        |          |            |     |
|                         |             |           |         |          |         |         |        |         |        |         |                        |          |            |     |
|                         |             |           |         |          |         |         |        |         |        |         |                        |          |            |     |
|                         |             |           |         |          |         |         |        |         |        |         |                        |          |            |     |
|                         |             |           |         |          |         |         |        |         |        |         |                        |          |            |     |
| 11. (Requi              |             |           |         |          |         |         |        |         |        |         |                        |          | lational   |     |
| N/A 0                   | 1           | 2         | 3       | 4        | 5       | 6       | 7      | 8       | 9      | 10      |                        |          |            |     |
| 12. Comm                | ents if ap  | plicable  | 9       |          |         |         |        |         |        |         |                        |          |            |     |
| <b></b>                 |             |           |         |          |         |         |        |         |        |         |                        |          |            |     |
|                         |             |           |         |          |         |         |        |         |        |         |                        |          |            |     |
|                         |             |           |         |          |         |         |        |         |        |         |                        |          |            |     |
|                         |             |           |         |          |         |         |        |         |        |         |                        |          |            |     |
| 13. (Requi              | ired) Plea  | ase rate  | the Inf | ormati   | on pro  | vided t | to you | by Hoo  | ckey N | SW. (Ir | which, 1               | =Poor,   | 5=Avera    | ge, |
| 10=Excelle              | ent) (Plea  | ase circl | e ONE   |          |         |         | -      | -       | -      |         |                        |          |            |     |
| Quality and             |             |           |         | <i>1</i> | <br>Б   | 6       |        | 0       | 0      | 10      |                        |          |            |     |
| N/A 0                   | 1           | 2         | 3       | 4        | 5       | 6       | 7      | 8       | 9      | 10      |                        |          |            |     |
| 14. Comm                | ents if ap  | plicable  | 9       |          |         |         |        |         |        |         |                        |          |            |     |
|                         |             |           |         |          |         |         |        |         |        |         |                        |          |            |     |

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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?  |
|   |
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|   |
|   |
|   |
| 17. (Required) Would you be a physio of a Hockey NSW team again? (Please tick ONE option)                                       |
|   |
|   |
| ☐ Unsure  |
| 18. (Required) Do you have any concerns related to your experience that you would like to raise? (Please tick ONE option)       |
|   |
| □ No  |
|   |
| Diagon raign those concerns with one of the following entions, 1. James   |

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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