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5. (Red ONE c	•	•	se rate	your <i>F</i>	ASSIS	TANT (	COACI	H. (In v	vhich,	1=Poo	r, 5=Average	e, 10=Excelle	ent) (Pleas	se circle
N/A	0	1	2	3	4	5	6	7	8	9	10			
6. Con	nments	s if apı	plicable	е										

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option		Please	e rate	your M	IANAG	iER. (lı	n which	h, 1=Po	oor, 5=	-Avera	ge, 10	)=Excellent)	(Please	circle ONI	≣
N/A	0	1	2	3	4	5	6	7	8	9	10				
8. Coi	mments	if app	licable												
9. (Re	quired)	Please	e rate	your ex	xperier	nce of	having	a Tou	rname	nt Mar	nager	on-site for th	ese Nat	ional	
												ONE option)			
N/A	0	1	2	3	4	5	6	7	8	9	10				
10. Co	omment	s if ap	plicabl	e											
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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
10. (Descriped) Description of the control of the c
18. (Required) Do you have any concerns related to your experience that you would like to raise? (Please tick ONE option)
Yes
□ No
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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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