

## **Wig Service.**Product Request Form

BORROWER'S DETAILS						
Title:	Ms 🗌 Other	Surname:				
Given name(s):			Preferred name:			
Gender: $\square$ Male $\square$ Female $\square$ Other Date of birth			Preferred phone:			
Mobile phone: Email: _						
Postal address:						
Cancer diagnosis:			Date of diagnosis:	/	/	
Treatment centre:						
How did you hear about us?   Cancer Council brochure/resource			☐ Internet/website	Cancer Council Staff/ Volunteer		
☐ Health Professional			☐ Friend/relative	☐ Other:		
PRODUCT REQUESTED						
Product: 🗌 Turban	Beanie	Scarf	☐ Wig cap			
Head size: Petite	☐ Medium	Large	Colour choices:	1	2	
Wig length: 🗌 Ear	☐ Chin	☐ Neck	Shoulder	☐ Long		
Wig colour:	$\square$ Light brown	☐ Medium b	rown 🗌 Dark brown	Black	Red	Grey
Wig type:   Straight	☐ Wavy	☐ Curly	☐ Fringe			
We will do our best to accommodate your request.						

## Our cancer nurses on 13 11 20 and Regional Cancer Support Coordinators can provide you with information on our support services, including:

- · Emotional support
- Telephone/online support (patient to patient)
- Pro bono: legal/financial/workplace advice\*
- Transport to Treatment in some areas\*
- Life Now courses exercise, yoga, tai chi, mindfulness and meditation\*
- Wellbeing after Cancer Program
- Information booklets and resources

\*Criteria applies

I give consent and would like to receive a phone call about Cancer Council WA services from a Cancer Council nurse or Regional Cancer Support Coordinator, and if necessary be left a message. (please tick)

Note that it may take a few days for a cancer nurse to contact you. Please call 13 11 20 for assistance.

## **DECLARATION**

I commit to caring for my wig (once received) as per the instructions provided by Cancer Council WA. I will return any wigs and/or products I borrow back to the Cancer Council WA Wig Service when they are no longer required.

Full name:

Signature:

Date:

## Please return this completed form via email to wig@cancerwa.asn.au or mail to:

Wig Service Coordinator Cancer Council Western Australia Level 1, 420 Bagot Road, Subiaco WA 6008



We need to collect personal information to process your request, provide services, inform you about our activities and conduct normal business. By providing your personal information, you agree that it will be used and disclosed by Cancer Council WA in accordance with this statement and our Privacy Policy, available at http://www.cancerwa.asn.au/privacy. If you do not agree, (i) you must not provide your personal information; (ii) you may not be able to request; and (iii) we may not be able to provide certain services/products or communicate with you. We only disclose your personal information to external third parties (such as Cancer Councils in other Australian states/territories, or overseas software providers) where those parties assist us in carrying out our ordinary business operations and always in accordance with our Privacy Policy. We may use your personal information for our own direct marketing purposes, unless you opt out (which you can do at any time). Our Privacy Policy outlines how you may; opt out, access and seek correction of your personal information, or make a privacy complaint.