

**BORROWER'S DETAILS**

Title:  Mr  Mrs  Ms  Other Surname: \_\_\_\_\_

Given name(s): \_\_\_\_\_ Preferred name: \_\_\_\_\_

Gender:  Male  Female  Other Age: \_\_\_\_\_ 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:  Blonde  Light brown  Medium brown  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)
- financial hardship program\*
- Pro Bono: legal/financial/workplace advice\*
- practical support programs\*
- transport to treatment in some areas\*
- Life Now Programs - exercise, yoga, tai chi, mindfulness, meditation and mindful art classes\*
- 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: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this completed form via email to [wig@cancerwa.asn.au](mailto:wig@cancerwa.asn.au) or mail to:

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

(If possible please also include a photo or snippet of hair)