



TLC WIG LIBRARY - APPLICATION FORM

DATE.....

Please note: Eligibility criteria apply for borrowing from the Wig Library.

Please refer to eligibility criteria form.

REFERRAL FROM (name) Contact number:.....

BCN SOCIAL WORKER TCCV ONCOLOGIST SURGEON GP (please circle)

Other.....

Name of Patient..... Age.....

Address.....

..... P/Code.....

Contact numbers H)..... M).....

Email.....

Primary Carer..... Relationship.....

Contact numbers H)..... M).....

Diagnosis: Treatment:
.....

Treating Doctor:

Treating Hospital:

Financial Summary:

Pension: YES NO

Health Care Card YES NO

Fortnightly income \$..... Fortnightly expenses \$.....

PLEASE FORWARD TO:

Samantha Schembri, Director of Operations - The Living Centre

Fax: 03 9820 0388 Email: sschembri@thinkpink.org.au Tel: 03 9820 2888

Address: Ground Floor/390 St Kilda Road, Melbourne VIC 300



TLC WIG LIBRARY

ELIGIBILITY CRITERIA | TERMS & CONDITIONS

Eligibility Criteria:

- Currently undergoing treatment for breast cancer causing temporary hair loss
- Referred from treating team
- Experiencing financial hardship due to breast cancer diagnosis
- Completed application form

Terms & Conditions:

- Credit card imprint which will be torn up on return of the wig
- Wash the wig every 2 weeks with the products provided
- Will not wear the wig to bed
- Will wear a skull cap under the wig
- Take care of this wig and return it to The Living Centre when no longer needed as it has been generously donated by 'Suzanne's Wigs'

I, (name).....have read and understood the eligibility, terms and conditions of borrowing this wig from The Living Centre and will ensure they are abided by to the best of my ability.

Date.....

Sign.....

Date.....

Director of Operations-TLC

Think Pink Foundation is a not-for-profit organisation and receives no ongoing Government funding.