

INFORMATION FORM

SFL Provider Name: _____

PARTICIPANT DETAILS

Have you previously participated in the SFL Program? Yes No

First Name: _____

Surname: _____

Postcode: _____

Date of Birth: ____/____/____

Gender:

Female Male Other

Country of Birth: _____

Aboriginal or Torres Strait Islander person: Yes No

Concession Card: Yes No

Do you have a disability? Yes No

How many total minutes of exercise do you do per week? _____

PARTICIPANT CONSENT

- Participating in SFL Program is voluntary
- Your personal information will be kept confidential and all data collected will be securely stored by COTA WA for the purpose of reporting, promotion, auditing, research, evaluation and quality assurance. Please refer to the COTA WA Privacy Policy for further information: www.cotawa.org.au

Participant Signature: _____ Date: ____/____/20____