

INFORMATION FORM

SFL Provider Name: _____

PARTICIPANT DETAILS

Have you previously participated in the SFL Program? Yes No

Surname: _____ Given Name: _____

Address: _____

Postcode: _____ Date of Birth: ____/____/____ Gender: Female Male Other

Phone: _____ Email: _____

Country of Birth: _____

Aboriginal or Torres Strait Islander person: Yes No

Concession Card: Yes No

Do you have a disability? Yes No

PHYSICAL ACTIVITY LEVEL

In the past week, how many days have you done a total of 30mins or more of physical activity, enough to raise your breathing rate?

Total minutes per week:

PARTICIPANT CONSENT

- Participating in SFL Program is voluntary
- You will receive an invitation to participate in the Move It Aus Better Ageing Grant Program evaluation survey.
- 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____