



INFORMATION FORM

Name of Strength for Life Provider: _____

PARTICIPANT DETAILS:

First Name: _____

Surname: _____

Postcode: _____

Date of Birth: ____/____/____

Gender:

☐ Female ☐ Male ☐ Other

Country of Birth: _____

Have you previously participated in the SFL Program? ☐ Yes ☐ No

Do you identify as an Aboriginal and/or Torres Strait Islander person? ☐ Yes ☐ No

Concession Card: ☐ Yes ☐ No

Do you have a disability? ☐ Yes ☐ No

How did you find out about the Strength for Life program?

PARTICIPANT CONSENT & PRIVACY COLLECTION NOTICE

Participation in the Strength for Life (SFL) program is entirely voluntary.

- **Who is collecting your data:** COTA WA Inc. collects and securely stores the personal and sensitive information provided on this form.
- **Purpose of collection:** This information is required to enrol you in the SFL program, verify concession eligibility, ensure safety protocols are met, and manage statewide program administration.
- **Use and Disclosure:** De-identified (anonymous) data is used for mandatory funding reporting, auditing, research, and quality assurance. Your personal details will not be disclosed to third parties without your explicit consent unless required or authorised by law.



- **Access and Correction:** You have the right to request access to, or correction of, your personal information at any time by contacting COTA WA.

For further details on how we handle your data, please view the full COTA WA Privacy Policy at www.cotawa.org.au.

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