



## SwimSafer 2.0 Assessment

### Participant's Consent Form For the Collection of Personal Data

#### PERSONAL DATA OF THE SWIMSAFER PARTICIPANT

Participant Full Name: \_\_\_\_\_

NRIC/BC/FIN: \_\_\_\_\_

Date of Birth (YYYY/MM/DD): \_\_\_\_\_

Gender: Male/Female (delete as applicable)

SwimSafer Assessment Date (YYYY/MM/DD): \_\_\_\_\_

#### ACKNOWLEDGEMENT AND CONSENT

By signing this form, you agree that [Insert Service Provider/Company Name ]  
may collect, use and disclose your personal/child's personal data (delete as applicable), as provided in this application form, for the purpose of the SwimSafer assessment application in accordance with the Personal Data Protection Act 2012.

\_\_\_\_\_  
**Signature of Participant/Parent/Guardian**

(delete as applicable)

**Full Name as per NRIC:**

\_\_\_\_\_

**Date (YYYY/MM/DD):**

\_\_\_\_\_