

Application for Registration as an Assisted Reproductive Technology (ART) Provider

(Assisted Reproductive Technology Act 2007, section 6)

I/We, _____
(full name of applicant [individual or corporate entity])

(address of applicant)

hereby apply for registration as an ART provider.

The business will be known as

(proposed business name)

and will be situated at:*

(principle place of business)

* If you provide ART services from more than one site please provide the name and address of each site from which you intend to provide services.

The following information is attached (strike through if not applicable):

1. In the case of an application by a corporation:
 - a) a copy of the certificate of incorporation, and
 - b) the address of the registered office of the corporation.
2. A copy of the Certificate of Registration of Business Name.
3. Details of the ART treatment proposed to be provided at the premises.
4. A list of the names and qualifications, and evidence of registration, of each registered medical practitioner who is to undertake or supervise provision of the ART services.
5. Provide a list of names and qualifications of each person providing counselling services, confirming that each person providing counselling services is:
 - a) a registered psychologist under the NSW *Psychologists Act 2001*, or
 - b) a registered medical practitioner who has qualifications in:
 - i) psychiatry recognised by the Royal Australian and New Zealand College of Psychiatrists, or
 - ii) general practice recognised by the Royal Australian College of General Practitioners, and who is not providing any ART service to which the counselling relates, or
 - c) eligible for membership of the Australian Association of Social Workers.

6. Has the applicant been convicted of contravening any of the following legislation:

Please tick (√) the relevant box

- | | Yes | No |
|--|--------------------------|--------------------------|
| a) the NSW Assisted Reproductive Technology Act 2007, | <input type="checkbox"/> | <input type="checkbox"/> |
| b) the NSW Human Cloning for Reproduction and Other Prohibited Practices Act 2003, | <input type="checkbox"/> | <input type="checkbox"/> |
| c) the NSW Research Involving Human Embryos (New South Wales) Act 2003, | <input type="checkbox"/> | <input type="checkbox"/> |
| d) the Commonwealth Prohibition of Human Cloning for Reproduction Act 2002, or | <input type="checkbox"/> | <input type="checkbox"/> |
| e) the Commonwealth Research Involving Human Embryos Act 2002. | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to any of the above questions is yes, attach a statement regarding the offence and the details of conviction including any penalties.

7. If the applicant has been federally accredited, has the accreditation been suspended, cancelled or otherwise revoked?

Yes No (Please tick the appropriate box √)

Federal accreditation means accreditation by:

- a) the Reproductive Technology Accreditation Committee of the Fertility Society of Australia, or
- b) any other body prescribed under paragraph (b) of the definition of accredited ART centre in section 8 of the *Research Involving Human Embryos Act 2002* of the Commonwealth.

If the answer is yes, attach a statement regarding refusal, suspension, cancellation or revocation.

I declare that all the information I have given on this application form is true to the best of my knowledge and belief.

I/We have enclosed a cheque for the prescribed application fee of \$2,891.00. Cheques should be made payable to NSW Ministry of Health.

Applicant

(Print name)

Signature)

(Position)

(Date)

Please return the completed form together with a cheque for the application fee to:

Regulation and Compliance Unit
Legal and Regulatory Services
NSW Ministry of Health
Locked Mail Bag 961
NORTH SYDNEY NSW 2059

Contact Details:

Email: MOH-ARTPHCU@health.nsw.gov.au
Telephone: (02) 9424 5955