

Application to Register (or Update) voluntary Donor Offspring details on the Central Register and Consent for Release of Information

Before registering or applying for information from the NSW Health Central Register, the NSW Ministry of Health strongly recommends that you discuss this matter with a counsellor.

When to use this form

This form collects information about people who were donor conceived through assisted reproductive procedures and whose conception was **before 1 January 2010**.

If you were donor conceived before 1 January 2010, and are now over 18, you are encouraged to register your details on the NSW Health Central Register and consent to release of any or all of the information contained on this form so that a donor or genetic sibling can access it, if requested. It is not compulsory to provide any information on this form, but the more specific information that you provide the more likely a link can be made with the details of your donor or genetic sibling.

Restrictions on access to the information

The information on this form is collected and held by the NSW Ministry of Health. Access to information will be provided in accordance with the *Assisted Reproductive Technology Act 2007*. Information on the Register will be disclosed in accordance with the consent of the individual who provided it or where the information is available or allowed by law.

Based on your consent, your information will be shared with current ART providers in NSW in an attempt to locate identifying information on your donor or genetic sibling. Should this information be available the NSW Ministry of Health will wait for the donor or genetic sibling to voluntarily register their details on the Register and give their consent before you are advised or any information can be released.

If the Register does not contain information about your donor, you are always free to contact your ART Provider (where known) directly. In some cases, the ART Provider may already have consent to release information from the donor at the time of donation.

Registering details only

A person may choose to only lodge their information onto the Register if they think it may be of benefit to a donor or genetic sibling. It is not a requirement to seek information about the other party.

Removal of information from the Register

If you have provided voluntary information to the Register, and you later change your mind, you must notify the NSW Ministry of Health in writing requesting removal of your information from the Register.

Proof of identity

Proof of identity is essential for people applying to one of the NSW Ministry of Health Registers. For identification purposes, please supply **certified copies only** of documents to satisfy the 100 point check. A list of these documents can be found at the bottom of the page 'Forms and Information'.

A certified copy means a true copy of an original document that has been sighted and certified by an acceptable person (a justice of the peace (JP) or legal practitioner) and noted:

'I certify that I have sighted the original document and this is a true copy of it'.

This certification must have the certifier's name, title, registration number (where applicable) and be signed and dated.

PLEASE INDICATE APPLICATION / REGISTRATION TYPE: NEW or UPDATING

APPLICANT DETAILS (details of the offspring who was conceived using donated sperm, egg or embryo)

First name:		Middle name/s:	
Last name:			
Date of birth: dd/mm/yyyy	___/___/___	Place of birth:	
Residential address:	Street Address:		
	Suburb:	State:	Postcode:
	Country: (only if not Australia)		
Postal address: (if different from residential address)	Street Address:		
	Suburb:	State:	Postcode:
	Country: (only if not Australia)		

Email address: _____

INFORMATION TO BE ENTERED ON THE CENTRAL REGISTER

All information on the Form will be entered on the Register and available for disclosure according to the *Assisted Reproductive Technology Act 2007*.

1. Offspring details (identifying information of the offspring)			
First name:		Middle name/s:	
Last name:			
Date of birth: dd/mm/yyyy	___/___/___	Place of birth:	
Residential address:	Street Address:		
	Suburb:	State:	Postcode:
	Country: (only if not Australia)		
Postal address: (if different from residential address)	Street Address:		
	Suburb:	State:	Postcode:
	Country: (only if not Australia)		

2. Your medical history and any genetic test results:

Medical history and any genetic test results of the individual or the individual's family that are relevant to the future health of the donor or any descendant's of the donor.

For eg: does anyone in your family have or do you have:

Diabetes

Asthma

Allergies

Arthritis

Cancer (any)

Any other illness/long standing medical issue?

7. I am seeking information about Other Offspring

8. Please indicate which types of information you are seeking about any other offspring:

- | | | | |
|--------------------------|--------------------------|---|--------------------------|
| Identifying information | <input type="checkbox"/> | Medical Information | <input type="checkbox"/> |
| Physical Characteristics | <input type="checkbox"/> | Date of Birth | <input type="checkbox"/> |
| Gender | <input type="checkbox"/> | All information consented to by the other offspring | <input type="checkbox"/> |

ACCESS TO YOUR INFORMATION

The exchange of information on this Register is predicated upon Consent between both parties. In this section please indicate who can have access to your information.

Please tell us below who you give consent to being given your information and what information they can receive.

1. Donor Yes No

What information may be accessed by the donor?

- | | | | | | | |
|---|----------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|
| a. Your identifying information? | Name: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Address: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Date of birth: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Place of birth: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Your medical history? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |
| c. Your genetic test results? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |
| d. Details of the ART provider and date of treatment? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |

e. Email address? Yes / No

2. Another offspring of the donor –? Yes No

What information may be accessed by another offspring of the donor?

- | | | | | | | |
|---|----------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|
| a. Your identifying information? | Name: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Address: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Date of birth: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Place of birth: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Your medical history? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |
| c. Your genetic test results? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |
| d. Details of the ART provider and date of treatment? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | |

e. Email address? Yes / No

I declare that the above information is a true and correct record at the time of this application and consent to release of the information as indicated above:

Applicant's name: _____

Applicant's signature: _____

Date: ___/___/___

Note: In accordance with the *Assisted Reproductive Technology Act 2007*, the NSW Ministry of Health may forward information contained in this application to ART Provider(s) to assist with matching records of donors and donor conceived offspring.

To establish your identity, please supply certified copies only of documents to satisfy the 100 point check. Please attach the certified copies of proof of identification to your application.

For assistance contact Regulation and Compliance Unit, Legal and Regulatory Services during business hours on (02) 9424 5955.

Completed forms with the required documents may be submitted by email or post.

Email to: MOH-ARTPHCU@health.nsw.gov.au

Note: Email correspondence is preferred

*Postal Address: Regulation and Compliance Unit
Legal and Regulatory Services
NSW Ministry of Health
Locked Mail Bag 2030
St Leonards NSW 1590*

CHECKLIST: HAVE YOU?

- Obtained certified copies of 100 points of ID
- Clearly marked the Consent to Release
- Kept a copy of the application form for yourself
- Signed the application form