

Application to Register (or Update) NON ART DONOR OFFSPRING details on the NSW Health Central Register and Consent to 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 is for people who were not conceived as a result of ART treatment, but whose parent was a sperm, egg or embryo donor, and who may be seeking information about a genetic sibling.

Linking donor offspring and donor information

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 your details and the details of another donor offspring. It is important that you advise the NSW Ministry of Health of any changes to your information. This will ensure that if a link is established, accurate information can be provided to other offspring of the donor who were conceived as a result of ART treatment if the donor offspring requests it. If the donor offspring was conceived **before** 1 January 2010, you can only access information about other adult offspring of the donor, if they include his or her information on the Register and consents to providing this information to you.

Your information will be shared with the ART providers you nominated in an attempt to locate identifying information you are seeking on any genetic sibling. If you did not nominate an ART Provider your details will be sent to all registered Providers in NSW. Should this information be available, the NSW Ministry of Health will wait for that genetic sibling to voluntarily register his/her details on the NSW Health Central Register and give their consent before you are advised or any information can be released.

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 only be provided in accordance with the *Assisted Reproductive Technology Act 2007* and Regulations. Information on the Register can only be disclosed with the express consent of the person who provided the information to the Register.

Registering details only

A person may choose to register their information for the benefit of a donor offspring. It is not a requirement to seek information about any other party.

Removal of information from the Register

If you have provided 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 the NSW Health Central Register. 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 REGISTRATION TYPE: NEW or UPDATING

APPLICANT DETAILS (details of the offspring from a donor, but who was not conceived using ART treatment)

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 NSW HEALTH REGISTER

 All information on the Form will be entered on the Register and be available for disclosure according to the *Assisted Reproductive Technology Act 2007* and regulations based on registrant's express consent.

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.

3. The following information will be provided to relevant ART Providers to assist in linking information. * Indicates Fields to enable the Ministry of Health to assist in your search.	
*Name of parent who was a sperm, egg or embryo donor:	
*ART Provider if known: (if more than one please use the spaces below)	
ART Provider if known:	
ART Provider if known:	
ART Provider if known:	
* Donor Blood Group:	<input type="checkbox"/> Don't Know
* Donor Code: :	<input type="checkbox"/> Don't Know

4. I am seeking information about Other offspring

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

- | | |
|---|---|
| Identifying information <input type="checkbox"/> | Medical Information <input type="checkbox"/> |
| Gender <input type="checkbox"/> | Date of Birth <input type="checkbox"/> |
| Physical characteristics <input type="checkbox"/> | All information consented to <input type="checkbox"/> |

ACCESS TO THE INFORMATION

The exchange of information on this Register is predicated upon consent between both parties. In this section please indicate who you wish to allow access to your information.

I expressly consent to my registered information being provided to:

Another offspring of the donor? Yes No

I expressly consent to the following registered information being provided:

- | | | |
|---------------------------------------|---|--|
| a. 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. Details of my medical history | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. Details of my genetic test results | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. Email Address | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

I declare that all the enclosed 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: ___/___/___

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 and email or post to:

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*

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

CHECKLIST: HAVE YOU?

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