

**PARENT Application for information on the DONOR or other offspring of the Donor  
NSW Health Central Register - For Children conceived AFTER 1 January 2010  
(Section 38 Assisted Reproductive Act 2007).**

Before 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 to be used by those parents whose children were conceived through Assisted Reproductive Technology after 1 January 2010 using donated sperm, eggs or embryos.

Parents of children who were donor conceived using donated sperm, eggs or embryos are able to access information about the donor, or other offspring of the donor, from the NSW Health Central Register.

If your child was conceived prior to 1 January 2010 **do not use this form**. Individuals conceived as a result of ART treatment using a donated gamete or gametes prior to 1 January 2010, or their **parents** if the individual is not yet 18 years of age, are entitled to "accessible information" or de-identified about the donor. Applications for "accessible information" are made to either the ART Provider or NSW Health. Forms for this type of application are available on the website.

**Restrictions on access to the information**

The information on this form is collected and held by the NSW Ministry of Health. Access to information can only be provided in accordance with the *Assisted Reproductive Technology Act 2007* and Regulations.

Parents of children conceived **after** 1 January 2010, can have access to certain non-identifying information about the donor, and other offspring of the donor, that has been provided to the Central Register by the ART Provider.

**Removal of information from the Register**

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

**Proof of identity**

Proof of identity is essential for people applying for information on the NSW Central Register. For identification purposes, please supply **certified copies only** of documents to satisfy the 100 point check. See the document "100 Point Identification Check" for a list of required documents.

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.

Completed forms must be returned, along with certified copies of the identification documents, to the address below:

Email to: [MOH-ARTPHCU@health.nsw.gov.au](mailto: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

**APPLICANT DETAILS** (details of the Parent whose child was conceived using donated sperm, eggs or embryo)

\* Indicates Mandatory Fields to enable the Ministry of Health to assist in your search

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

**Email address:** \_\_\_\_\_

**CHILD DETAILS** (details of the Child conceived after 1 January 2010 using donated sperm, egg or embryo)

\* Indicates Mandatory Fields to enable the Ministry of Health to assist in your search

<b>* First name:</b>		<b>*Middle name/s:</b>	
<b>*Last name:</b>			
<b>*Date of birth:</b> dd/mm/yyyy	____/____/____	<b>Place of birth:</b>	
<b>Residential address:</b>	Street Address:		
	Suburb:	State:	Postcode:
	Country: (only if not Australia)		

**1. Details of ART provider and date of treatment:**

Name of the ART provider who performed the ART treatment and dates of the treatment.

Name of ART provider	Dates of treatment

<b>2. The following information will be provided to relevant ART Providers to assist in linking information:</b>	
Mother's Name at time of treatment:	
Father's Name at time of treatment:	
Donor Code:	Don't Know <input type="checkbox"/>

3. I am seeking information about Donor

4. Please indicate which types of information you are seeking about a donor :

Gender  Medical Information

Physical Characteristics  Date of Birth

All information consented to

5. I am seeking information about Other Offspring

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

Gender  Date of Birth

All information consented to

I declare that the above information is a true and correct record at the time of this application:

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 certified copies of proof of identification to your application and email or post to:

Email to: [MOH-ARTPHCU@health.nsw.gov.au](mailto: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
- Signed the application form