

# Application for information from the Central Register

# CR

October 2019

## How the Central Register works

The Central Register holds the names and dates of birth of all parties to donor conception treatment in Victoria - donor-conceived people, their parents, and donors. It may include the donor code and contact information, including address, telephone number and email address, as well as non-identifying information such as medical and family history, interests and general information about appearance.

The level of information held will vary, depending on when and where treatment occurred, and the extent of records held by treatment clinics before laws were introduced. Treatment clinics have provided the information for the Central Register, which is now managed by the Victorian Assisted Reproductive Treatment Authority (VARTA). See Step 2 for details and examples of identifying and non-identifying information.

## Who can apply and conditions for the release of information

- **Donor-conceived people** can apply when they are 18 years, or younger with parental consent or if a VARTA counsellor considers they are sufficiently mature. All **donor-conceived people are entitled to receive identifying information about their donor** (name, date of birth, donor code and contact details). Donors who donated before 1998 can lodge a **contact preference** specifying the manner of contact, including a 'no contact' option.
- **Parents of donor-conceived people** can apply for information about their child's donor at any time after the birth of their child. They do not need to wait until their child is 18 years. Identifying information can be released to a parent making an application, if the donor consents.
- **Descendants of donor-conceived people** may make an application for information relating to a person from whom they are descended. The donor's consent to release identifying information is not required. Donors who donated before 1998 may lodge a **contact preference**.
- **Donors** can apply for information about their donor-conceived offspring. **Consent is required from the adult donor-conceived person or the parent if the child is younger than 18 years, for the release of identifying information to occur.** Donor-conceived people and parents of children under 18 years can lodge a **contact preference** specifying the manner of contact, including a 'no contact' option.

Where relevant, applicants need to provide undertakings to comply with contact preferences before the release of identifying information.

**Non-identifying information** recorded on the Central Register relating to a donor-conceived person or donor can be released to an applicant **without consent** from the person whose information is sought (subject of the application).

## Application for information from the Central Register

CR

October 2019

When somebody applies for information from the Central Register, the subject of the applications is contacted and then the information may be released. **Consent to release identifying information from the subject of the application may be required depending on who is making the application.**

Donor-conceived people and their parents may also make application to the Central Register for the disclosure of non-identifying information about donor siblings.

## The Central Register process

### Apply

- An applicant completes and submits an application form and pays the required fee.

### Attend

- The applicant will be asked to attend an information and support session.
- The applicant may write their *Statement of reasons* with the help of a VARTA counsellor, which explains why they are applying and what they would like to happen in the short and long term.

### Search

- VARTA searches for information about the subject of the application and confirms their current contact details.
- VARTA may use a specialised search agency to find current contact details if required. If the record and/or contact details are not available, VARTA will let the applicant know.

### Outreach

- VARTA contacts the subject of the application and includes the applicant's *Statement of reasons*. This information will help the subject of the application understand why the applicant is applying and assist them to decide whether to consent to the release of their identifying information where this is an option. They can also access support services from VARTA.

### Decision

- The subject of the application responds to VARTA and decides whether to consent to the release of information and/or lodge a contact preference, where these options are available.
- The applicant will be informed of their decision.
- If relevant, the applicant signs an undertaking to comply with any contact preferences lodged by the subject of the application.

### Outcome

- Connection and information exchange or information provision may or may not occur depending on decisions made and available information. VARTA can provide support throughout the process.

## Fees

Fees apply for applications to the Central Register, as prescribed under the *Assisted Reproductive Treatment Act 2008* (Vic). Fees may be waived in certain circumstances e.g. financial hardship. A separate fee of \$76.72 is required for each category of application. See Step 5.

## Information may not be available

There may be instances where:

- the donor records may have been lost or destroyed
- there is no donor code available
- the subject of the application does not consent to the release of identifying information
- the subject of the application may not be able to be located.

In these cases, VARTA may not be able to progress your application. However, support and information will be offered.

## Collection and disclosure of personal information

VARTA is responsible for the management of the Central Register under the *Assisted Reproductive Treatment Act 2008* (Vic) (the Act). VARTA can only collect, use, and release information in accordance with the provisions of the Act, the *Privacy and Data Protection Act 2014* (Vic) the *Health Records Act 2001* (Vic) and the *Freedom of Information Act 1982* (Vic).

Information collected from applicants to the Central Register will only be used for the purpose of processing applications, updating the Central Register, and otherwise only used in a de-identified form for statistical, education or reporting purposes.

Information will only be disclosed to a person with whom you are linked through this application in accordance with the Act, and any third party search service involved in the linking process. No other parties will have access to an applicant's personal information, unless VARTA is compelled by law to disclose information.

VARTA collects personal information to carry out its work under the *Assisted Reproductive Treatment Act 2008* (Vic) (The Act). Under the *Privacy and Data Protection Act 2014* (Vic) we are required to tell people using our services that we collect their personal information.

For more information about applying to the Central Register and to view VARTA's privacy policy:

Website: [www.varta.org.au](http://www.varta.org.au) Email: [dcrs@varta.org.au](mailto:dcrs@varta.org.au)

## Application for information from the Central Register

CR

October 2019

### PROOF OF IDENTITY

In order to process your application, VARTA requires that you please submit **certified** copies of documents verifying your identity and eligibility to make an application to the Central Register. We require that you provide two documents showing the use of your identity in the community, that is:

- one primary document, such as birth certificate, an Australian drivers licence, passport, or marriage certificate
- one secondary document, such as a bank statement, ATM card, or a Medicare card
- if relevant, you also need to supply evidence of change of name, such as a marriage or birth certificate
- if you are a descendant of a donor-conceived person, please provide evidence of your relationship to them e.g. birth certificate.
- if you are a child, you may need to provide evidence of parentage or guardianship.

If you cannot supply these documents, please provide a statutory declaration confirming your identity.

### HOW TO HAVE A DOCUMENT CORRECTLY CERTIFIED

1. Take the original AND a photocopy to an authorised witness. The most common authorised witnesses are police officers, school principals, lawyers, and pharmacists. Visit the **Australian Government Attorney-General website** for a complete list of authorised witnesses. [www.ag.gov.au](http://www.ag.gov.au)
2. The authorised witness must examine the original document and write the following on the last page. *'I have sighted the original document and certify this to be a true copy of the original'.*
3. Ensure the authorised witness writes their name, date of certification, contact phone number, and profession/position number (if relevant).

If you are unable to meet the above requirements, please telephone VARTA on **(03) 8601 5250** or email [dcrs@varta.org.au](mailto:dcrs@varta.org.au)

## Application for information from the Central Register

**CR**

October 2019

**Office use only**

IRN \_\_\_\_\_

Date received \_\_\_/\_\_\_/\_\_\_

ARN \_\_\_\_\_

Date paid \_\_\_/\_\_\_/\_\_\_

### STEP 1 - APPLICANT'S DETAILS

**Title**     Mr.     Mrs.     Ms.     Miss     Other

**Surname** (family name)

**Given name(s)**

**Other names used** (if applicable)

**Date of birth**    /    /

**Gender**     Male     Female     Other

**Place of birth** (including state, or if born outside Australia, country)

### CURRENT POSTAL ADDRESS

**Number**

**Street name**

**Suburb**

**State**

**Postcode**

### CONTACT DETAILS

**Daytime contact number**

**Email address**

**Additional contact number** (optional)

#### PERSONAL PRIVACY

## Application for information from the Central Register

**CR**

October 2019

### STEP 2 - INFORMATION REQUESTED

**Identifying information means information that will or may disclose the identity of a person.**

It may include details such as name, date of birth, postal or email address, telephone number, and donor code.

**Non-identifying information** generally means basic information which will not enable you to know someone's identity. For example, month and year of birth, medical information, interests and hobbies, and general information about appearance.

*Please select and complete the relevant category that applies to you.*

*You can apply for both non-identifying and identifying information if the options are both available.*

**I am a DONOR-CONCEIVED PERSON applying for information about my:**

**Donor/s**

**Donor-siblings**

- |   |   |
|---|---|
| <input type="checkbox"/> Identifying information                          | <input type="checkbox"/> Only non-identifying information can be provided |
| <input type="checkbox"/> Non-identifying information                      |   |
| <input type="checkbox"/> Both identifying and non-identifying information |   |

**I am a DONOR applying for information about my donor-conceived offspring, and seek:**

- |   |  |
|---|--|
| <input type="checkbox"/> Identifying information                          | <input type="checkbox"/> Non-identifying information |
| <input type="checkbox"/> Both identifying and non-identifying information |  |

**I am a DESCENDANT OF A DONOR-CONCEIVED PERSON applying for information about a person from whom I am descended, and seek:**

- |   |  |
|---|--|
| <input type="checkbox"/> Identifying information                          | <input type="checkbox"/> Non-identifying information |
| <input type="checkbox"/> Both identifying and non-identifying information |  |

**I am a PARENT of a donor-conceived child applying for information about my child's:**

**Donor/s**

**Donor siblings**

- |   |   |
|---|---|
| <input type="checkbox"/> Identifying information                          | <input type="checkbox"/> Only non-identifying information can be provided |
| <input type="checkbox"/> Non-identifying information                      |   |
| <input type="checkbox"/> Both identifying and non-identifying information |   |

**PERSONAL PRIVACY**

## Application for information from the Central Register

**CR**

October 2019

### STEP 3 - TREATMENT INFORMATION (IF KNOWN)

**Attention:** Please provide as much information as you can.

**Type of donation/s received or donated or conceived from:**

Sperm                       Egg/s                       Embryo/s

**Donor identification code** (if known)

---

**Donor's name** (if known)

---

**Name of woman who received treatment** (if known)

---

**Date of birth**     /     /

---

**Name of clinic/hospital or other location where treatment or the donation  
(sperm, egg or embryo) occurred**

Name of clinic/hospital or other

---

Suburb/Town

State

Postcode

---

Time period of donation

---

Name of treating doctor (if known)

---

**Additional information about the treatment or donation**

---

---

---

---

---

---

---

---

---

---

## Application for information from the Central Register

**CR**

October 2019

### STEP 4 - CONSENTS AND DECLARATIONS

#### CONSENTS

- I consent to the Victorian Assisted Reproductive Treatment Authority (VARTA) verifying the accuracy of the information provided in this application.
- I consent to VARTA communicating with other relevant organisation/s to seek and/or release information related to processing my application.
- I consent to the personal details contained in this application being provided to a third-party search body authorised by the Secretary of the Department of Health and Human Services for the purposes of undertaking search functions under the *Assisted Reproductive Treatment Act 2008 (Vic)*.
- I consent to VARTA using my contact details contained in this application to update my personal details in VARTA's records, including where applicable the Voluntary Register, the Central Register and case management system.

#### OPTIONAL

- I would like to receive VARTA newsletters and invitations to seminars via email.
- I agree to be contacted by VARTA in the future for the purpose of evaluation or research designed to improve VARTA's services. I acknowledge that I can withdraw my consent to be approached for this purpose at any time.

#### DECLARATION

- I declare that all statements made in this application are true and correct. I understand that it is an offence under section 38 of the *Assisted Reproductive Treatment Act 2008 (Vic)* to knowingly or recklessly give false or misleading information or omit to give material information in this application. I understand that committing such an offence could result in a penalty.

**Applicant's signature:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

#### IF THE APPLICANT IS A CHILD

Do you have parental or guardian consent to make this application?  Yes  No

If yes, please arrange for your parent or guardian to complete the section below and provide supporting evidence of parentage/guardianship. Your parent or guardian may be contacted in relation to your application.

I, (print name) \_\_\_\_\_ as the parent / guardian (please select) of the applicant (print applicant's name) \_\_\_\_\_ have read this completed application form and consent to the making of this application.

**Parent or guardian name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

#### PERSONAL PRIVACY



## Application for information from the Central Register

**CR**

October 2019

### STEP 5 - PAYMENT

**Please note** that a fee of \$76.72 applies for the categories as shown below, as required under the the *Assisted Reproductive Treatment Act 2008 (Vic)*. This fee may be waived if you: (effective 1 October 2019).

- Provide a statement of how payment of the application fee would cause you hardship.
- Have previously applied for information on the Central Register and paid a fee for the application.
- You are a donor sibling of an applicant who applied for information on the Central Register and paid a fee for the application.

**Please select the category and boxes that apply to you**

Applicant	I want information about	Fee
<input type="checkbox"/> Donor-conceived person	<input type="checkbox"/> Donor/s- identifying information only	<input type="checkbox"/> \$76.72
	<input type="checkbox"/> Donor/s- non-identifying information only	<input type="checkbox"/> \$76.72
	<input type="checkbox"/> Donor/s- <b>both</b> identifying and non-identifying information	<input type="checkbox"/> \$76.72
	<input type="checkbox"/> Donor siblings- non-identifying information	<input type="checkbox"/> \$76.72
<input type="checkbox"/> Parent of donor-conceived child	<input type="checkbox"/> Donor/s- identifying information only	<input type="checkbox"/> \$76.72
	<input type="checkbox"/> Donor/s- non-identifying information only	<input type="checkbox"/> \$76.72
	<input type="checkbox"/> Donor/s- <b>both</b> identifying and non-identifying information	<input type="checkbox"/> \$76.72
	<input type="checkbox"/> Donor siblings- non-identifying information	<input type="checkbox"/> \$76.72
<input type="checkbox"/> Descendant of a donor-conceived person	<input type="checkbox"/> Donor/s- identifying information only	<input type="checkbox"/> \$76.72
	<input type="checkbox"/> Donor/s- non-identifying information only	<input type="checkbox"/> \$76.72
	<input type="checkbox"/> Donor/s- <b>both</b> identifying and non-identifying information	<input type="checkbox"/> \$76.72
<input type="checkbox"/> Donor	<input type="checkbox"/> Donor-conceived person- identifying information only	<input type="checkbox"/> \$76.72
	<input type="checkbox"/> Donor-conceived person- non-identifying information only	<input type="checkbox"/> \$76.72
	<input type="checkbox"/> Donor-conceived person- <b>both</b> identifying and non-identifying information	<input type="checkbox"/> \$76.72

**Total amount payable**  \$76.72  
*Please note that fees are non-refundable.* or  
 \$153.44

#### Payment method

- Bank cheque (no personal cheques) made payable to VARTA
- Money order
- Credit/debit card - to make your online payment [click here](#) or visit [www.varta.org.au](http://www.varta.org.au)
- Electronic funds transfer (EFT)  
 Account name: Victorian Assisted Reproductive Treatment Authority  
 BSB: 063020  
 Account Number: 10394713

**To ensure your payment is processed efficiently, please quote your full name in the reference field for credit/debit card or EFT payments.**

**Receipt number** (credit/debit card and EFT payments only)

Write your receipt number here \_\_\_\_\_

#### PERSONAL PRIVACY

## Application for information from the Central Register

**CR**

October 2019

### CHECKLIST AND SUBMISSION OF APPLICATION

**Please ensure you have completed this checklist and attached the relevant documents before submitting to avoid delays.**

- Applicant's details
- Information requested
- Treatment information
- Consents/declarations
- Proof of identity
- Application fee paid online

**OR**

- Cheque or money order enclosed.

**Please submit completed original form and supporting documents to:**

Registers Officer  
Victorian Assisted Reproductive Treatment Authority  
Level 30, 570 Bourke Street, Melbourne VIC 3000

**Or scan and email signed form and supporting documents to:**

[dcrs@varta.org.au](mailto:dcrs@varta.org.au)