



# Application to lodge information on the Voluntary Register

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For more information regarding applying for information from the Voluntary Register please visit the [VARTA website](#).

### Are you submitting a new application or updating an existing Voluntary Register entry?

- New application
- Updating existing Voluntary Register entry

## Your details

Title  Mr  Mrs  Ms  Miss  Other (please specify) \_\_\_\_\_

Preferred pronouns used (e.g. he/she/they) \_\_\_\_\_

Surname \_\_\_\_\_

Given name(s) \_\_\_\_\_

Other names used \_\_\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_ Gender (optional)  Male  Female  Other \_\_\_\_\_

Current postal address \_\_\_\_\_

Contact number \_\_\_\_\_

Email address \_\_\_\_\_

Name of woman who received treatment \_\_\_\_\_

Date of birth of woman who received treatment \_\_\_/\_\_\_/\_\_\_

Clinic or hospital where treatment or donation occurred \_\_\_\_\_

Donor's name (if known) \_\_\_\_\_

Donor code (if known) \_\_\_\_\_

<b>I am lodging information as a:</b>
<input type="checkbox"/> donor-conceived person
<input type="checkbox"/> descendant of a donor-conceived person
<input type="checkbox"/> donor
<input type="checkbox"/> woman who has undergone a donor treatment procedure
<input type="checkbox"/> partner of a woman who has undergone donor treatment procedure
<input type="checkbox"/> relative of a donor
<input type="checkbox"/> relative of a donor-conceived person
<input type="checkbox"/> relative of a descendant of a donor-conceived person
<input type="checkbox"/> relative of a woman who has undergone a donor treatment procedure
<input type="checkbox"/> relative of a partner of a woman who has undergone a donor treatment procedure
<input type="checkbox"/> other (please specify)





**Please tick this box if you are submitting additional material (photographs, letters or other)**

**Please describe any additional items you have lodged:**

## Alternative contact - optional

After you have applied to the Voluntary Register and lodged information, VARTA will contact you if there is a match. If your contact details are out of date VARTA may not be able to reach you.

**Please keep your contact details up to date.**

You may wish to provide an alternative contact in case we can't reach you. Before doing so, we recommend that you ask that person whether they would be comfortable being contacted by VARTA for the purposes of your Voluntary Register application. We would contact this person only for the purpose of seeking to locate you.

Your full name

Full name of alternative contact

Their phone number

Their email address

Their relationship to you

## Information to be lodged on the Voluntary Register - optional

You can choose to lodge specific information on the Voluntary Register that will only be released with your consent and in accordance with your wishes.

You can complete this section by including as much or as little information as you like, or you can leave this section blank. If you leave this section blank, and there is a match, you can decide later what information you share directly with the person you match with.

If you do choose to lodge specific information below and there is a match on the Voluntary Register, you can:

- ask VARTA to release this information to the person you have matched with, or
- exchange contact details with the person you have matched with to communicate more, or
- use the VARTA intermediary services, for a limited time-period, to communicate with the person you have matched with.

### Your reasons for applying

In this section, you may want to provide information about your main reasons for lodging information on the Voluntary Register, including your wishes, hopes and goals. For example, you might be interested in finding out something specific about another person or you may wish to have contact with others to whom you are genetically related.





You can also express your preference for your information to be shared if you can't be located or in the event of your death.

## **Voluntary information you may choose to add to the register**

Here are some suggested details you might want to add to the register. You may also submit a hand-written letter, photographs or a personal message via video, for example. These are suggestions only. You can choose to provide as much or as little information as you wish.

### **Personal information**

Comments can be provided below or attached to this application.

**Height** \_\_\_\_\_ **Build** \_\_\_\_\_

**Eye colour** \_\_\_\_\_ **Hair colour** \_\_\_\_\_

**Personality type:**

**Interests/hobbies:**

**Philosophy on life:**

**Career/educational background:**

**Cultural and family information:**





## Lodging medical information on the Voluntary Register – Optional

Sharing medical information with people you are genetically related to can be beneficial for their health. It may, for example, alert somebody to a higher risk of a hereditary illness that they can take steps to prevent. This can help make a person aware of possible preventable medical conditions which they may have a higher chance of inheriting. Many donor-conceived people say they have valued knowing their donor's medical history because it completes their own family medical history.

## Consents and declaration

### Please tick as applicable

- I consent to VARTA verifying the accuracy of the information provided in this application, including by communicating with nominated treatment clinics to confirm treatment details. I understand that VARTA may decide not to include some information provided if the information is inaccurate.
- I consent to VARTA using the contact details provided in this application to update my personal details held on VARTA's case management system and Central Register.
- I understand that if a match is found on the Voluntary Register and I wish to exchange identifying information, I must attend an information and support session at VARTA and complete a Statement of reasons form before my application can progress.
- In the event of a match, I give permission for my first name to be used in any discussion with other person(s).
- If VARTA cannot contact me, I consent to VARTA contacting my alternative contact provided on page 2 of this form for the purposes of my Voluntary Register application.
- In the event of my death, I consent to VARTA releasing to other person/s I am linked with on the Voluntary Register:
  - All information I have lodged, including my name, date of birth and contact details.
  - Only information provided on page 3 and page 4 - non-identifying information about me.

### 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. I understand that committing such an offence could result in a penalty.

Your full name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_





## 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.

## Checklist and submission of application

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

- Your details
- Information to be lodged on the Voluntary Register
- Consents and declaration
- Proof of identity (two [certified copies of documents required](#) verifying your identity).

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

dcrs@varta.org.au

**Or post to:**

Registers Officer

Victorian Assisted Reproductive Treatment Authority

Level 30, 570 Bourke Street, Melbourne VIC 3000

## Collection and disclosure of personal information

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

VARTA will use your information for:

- processing your application and carrying out donor linking services
- updating the Voluntary Register
- statistical, educational, or reporting purposes.

Your information will only be disclosed to an individual with whom you are linked in accordance with your wishes, conveyed verbally or in writing to VARTA. No other parties will have access to your information without your consent, unless VARTA is otherwise compelled by law to disclose your information.

You may request that VARTA correct information on the register or remove information from the register at any time.

For more information about applying to the Central Register and to view VARTA's privacy policy, visit: <https://www.varta.org.au> or email: [dcrs@varta.org.au](mailto:dcrs@varta.org.au)

