VARTA
Victorian Assisted Reproductive Treatment Authority

Version 01/2021

Application for Registration

This application is for assisted reproductive treatment (ART) providers who intend to register as a 'registered ART provider' under the *Assisted Reproductive Treatment Act 2008* (Vic) (the Act).

If you hold RTAC accreditation, you are required to complete this application to meet the requirements set out in the Authority's *Conditions for Registration (effective 1 February 2020)* (the Conditions for Registration).

Registration process

This application will form the basis of the review of your current practice to ensure compliance with the Conditions for Registration. If you intend on registering more than one site, **you must complete a separate application form for each site**. As part of the registration process, you are required to:

1. submit a complete copy of this application (including all relevant supporting documents) to the Authority; and
2. provide copies of your RTAC accreditation and the accreditation report following each RTAC site inspection.

Organisational information

Please provide the details of the proposed registration site subject to this application.

ART Provider – Site Details	
Name of ART provider	
Site address	
Phone number	
Email address	
Website	
Date of RTAC accreditation	☐ *I confirm that a copy of the RTAC accreditation report for this site is attached for review.*

Designated Officer and Medical Director

Under the Act, registered ART providers are required to have appointed, employed, or engaged a Designated Officer at all times. Please provide the name of your proposed Designated Officer and Medical Director.

	Designated Officer	Medical Director
Name		
Phone number		
Email address		

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RTAC accreditation

Please confirm the RTAC accreditation status of the site subject to this application.

☐ Yes, I received RTAC accreditation on (*specify date*): _____

☐ No, I have not yet received RTAC accreditation. I expect to receive it on (*specify date*): _____

Treatment procedures

Please confirm all treatment procedures that will be provided at this site:

☐ IVF
☐ GIFT
☐ ICSI
☐ AI
☐ PDG
☐ Donor Treatment
☐ Gamete Storage
☐ Embryo Storage
☐ Other (*please specify*): _____

Storage facility

Please confirm all gamete types that will be stored at this site:

	Gamete Type	Stored on-site	If stored off-site, please specify storage site
☐	Sperm	☐	
☐	Eggs	☐	
☐	Ovarian Tissue	☐	
☐	Embryos	☐	

Signatures

This application must be signed by the legal person/nominee of the ART provider applying for registration.

	Applicant / ART Provider Nominee	Witness
Name		
Signature		
Date		

	Designated Officer	Witness
Name		
Signature		
Date		

Submit your complete application with all relevant attachments to regulation@varta.org.au