



Applying to the Voluntary Register – information and application form

VR



Why join the Voluntary Register?

The Voluntary Register allows people involved in donor conception treatment in Victoria to share information about themselves and connect with others they are related to through donor conception treatment. You can use VARTA's donor-linking services to connect and exchange information with other people that you 'match' with on the Voluntary Register. You can also lodge documents to be stored on the Voluntary Register to share with others now or in the future.

How are people matched on the Voluntary Register?

VARTA uses the donor's unique donor code to search and find matches on the Voluntary Register. If no match is found, the first applicant will need to wait until another person linked to them applies.

If you do not know your donor code or the code of the donor used in the conception or treatment, we can trace the donor code for you. Please include as many details as you can.

Who can apply and who might I match with?

- donors
- donor-conceived people
- parents of donor-conceived people
- relatives and descendants

What documents can I lodge?

- family tree
- interests, hobbies and personality
- medical history
- photos, letters

Sharing medical information with a person you are genetically related to may inform them of any hereditary conditions that could impact theirs or their family's health. It may alert them to being at a higher risk of a hereditary illness that they can take steps to prevent.

What happens when there is a match?

If you want to know the names of people you match with on the Voluntary Register and have contact with them, you must attend a VARTA counselling session and write a 'Letter of Introduction' stating the reasons for your application. Your letter will be exchanged with every person you match with on the Register, along with any other details you consent to sharing (ie. name, contact details). VARTA will notify you when there is a new match and give you the person's details and Letter of Introduction. You can then decide if you want to contact them.

If you choose to lodge documents only, these will be released to any person you match with now, and in the future. VARTA will not notify you each time.





VARTA

Victorian Assisted Reproductive
Treatment Authority

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Voluntary Register Application form

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 ☐ Mx ☐ Other (please specify) _____

Preferred pronouns used (eg. he/she/they) _____

Surname _____

Given name(s) _____

Other names used _____

Date of birth ____/____/____

Gender (optional) ☐ Male ☐ Female ☐ Self-describe _____

Current postal address _____

Contact number _____

Email address _____

Name of person who received treatment and gave birth _____

Date of birth of person who received treatment and gave birth ____/____/____

Clinic or hospital where treatment or donation occurred _____

Donor code (if known) _____

Donor's name (if known) _____

I am applying as a:
<input type="checkbox"/> donor-conceived person
<input type="checkbox"/> descendant of a donor-conceived person
<input type="checkbox"/> donor
<input type="checkbox"/> person who has undergone a donor treatment procedure and given birth
<input type="checkbox"/> partner of a person who has undergone donor treatment procedure and given birth
<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 person who has undergone a donor treatment procedure and given birth
<input type="checkbox"/> relative of a partner of a person who has undergone a donor treatment procedure and given birth
<input type="checkbox"/> other (please specify)





Alternative contact:

Please provide an alternative contact in case we can't reach you. We will only contact this person for the purpose of advising you of a match.

Full name of alternative contact _____

Their phone number _____

Their email address _____

Their relationship to you _____

Part A - What I want to do if I have a match (select one only)

- ☐ I would like to have the opportunity to **connect** with any person I match with on the Voluntary Register. (complete **Part C** only)
- ☐ I would like to lodge a **document/s** to be shared with any person I match with on the Voluntary Register. I **do not** want to connect with those I match with. (complete **Part B** and **Part C**)
- ☐ I would like to **both connect** with any person I match with on the Voluntary Register and **lodge a document/s** that if I can't be located or in the event of my death, will be shared with any person I match with. (complete **Part B** and **Part C**)

Part B - Lodging documents

- ☐ I agree to the release of the document/s I am lodging to any person I match with on the Voluntary Register.
- ☐ **In the event of my death**, I agree to the release of the document/s I am lodging, along with my name and date of birth, to any person I match with on the Voluntary Register.

I am lodging the following document/s on the Voluntary Register:

- ☐ Medical information
- ☐ Letter
- ☐ Photos
- ☐ Family tree
- ☐ Personal information (please complete page 6)
- ☐ Other _____





Part C - Consents and declaration

Please tick as applicable

- ☐ I understand that if I am applying for identifying information to complete my application I will be required to attend counselling, to provide a Letter of Introduction and to consent to share my letter and details with any person I match with.
- ☐ 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 the Central Register.
- ☐ If VARTA cannot contact me, I consent to VARTA contacting my alternative contact provided on page 3 of this form for the purposes of my Voluntary Register application.

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
- ☐ Indicated what you want to do if you have a match
- ☐ Consents and declaration
- ☐ Proof of identity (Certified copies of **two** documents that verify your identity. These can be a driver's licence, passport, birth certificate, marriage certificate, Medicare card, bank card etc. For a list of people authorised to certify copies of original documents, see [here](#).)

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

dcrs@varta.org.au

Or post to:

Information 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 Voluntary Register and to view VARTA's privacy policy, visit: <https://www.varta.org.au> or email: dcrs@varta.org.au





Personal information (optional):

Here are some suggested details you might want to add to the register. These are suggestions only. You can choose to provide as much or as little information as you wish.

Height _____ Build _____

Eye colour _____ Hair colour _____

Personality type:

Interests/hobbies:

Philosophy on life:

Career/educational background:

Cultural and family information:

Other:

