



Application for information from the Central Register

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

Applicant's details

Title Mr Mrs Ms Miss Mx Other (please specify) _____

Pronouns used (e.g. 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 _____

Type of donation sperm egg sperm & egg embryo

I am applying as a: donor-conceived person parent of a donor-conceived person

donor descendant of a donor-conceived person

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 _____

Sperm donor's details (if known)

Donor code _____ Name _____ Date of birth _____

AND / OR

Egg donor's details (if known)

Donor code _____ Name _____ Date of birth _____

AND / OR

Embryo donor's details (if known)

Donor code _____ Name _____ Date of birth _____

Donor code _____ Name _____ Date of birth _____





Information requested

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.

| Applicant | I want information about | Fee |
|---|---|--|
| <input type="checkbox"/> Donor-conceived person | <input type="checkbox"/> Donor/s - identifying information OR <input type="checkbox"/> Donor/s - non-identifying information OR <input type="checkbox"/> Donor/s - both identifying and non-identifying information | <input type="checkbox"/> \$79.20 |
| | <input type="checkbox"/> Donor sibling/s - non-identifying information | <input type="checkbox"/> \$79.20 |
| <input type="checkbox"/> Parent of a donor-conceived person | <input type="checkbox"/> Donor/s - identifying information OR <input type="checkbox"/> Donor/s - non-identifying information OR <input type="checkbox"/> Donor/s - both identifying and non-identifying information | <input type="checkbox"/> \$79.20 |
| | <input type="checkbox"/> Donor sibling/s- non-identifying information | <input type="checkbox"/> \$79.20 |
| <input type="checkbox"/> Descendant of a donor-conceived person | <input type="checkbox"/> Donor/s - identifying information OR <input type="checkbox"/> Donor/s - non-identifying information OR <input type="checkbox"/> Donor/s - both identifying and non-identifying information | <input type="checkbox"/> \$79.20 |
| <input type="checkbox"/> Donor | <input type="checkbox"/> Donor-conceived person/s - identifying information OR <input type="checkbox"/> Donor-conceived person/s - non-identifying information OR <input type="checkbox"/> Donor-conceived person/s - both identifying and non-identifying information | <input type="checkbox"/> \$79.20 |
| | Total amount payable | <input type="checkbox"/> \$79.20 or <input type="checkbox"/> \$158.40 |

Payment

Payment method

- Credit/debit card - to make your online payment [click here](#).
- 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: _____





Consents and declaration

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: _____

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 organisations 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 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.

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: ____/____/____

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.

- Applicant's details
- Information requested
- Consents/declarations
- Application fee paid online
- 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:

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 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. 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, visit: <https://www.varta.org.au> or email: dcrs@varta.org.au

