



# 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** \_\_\_\_\_





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 <b>OR</b>	<input type="checkbox"/> \$84.60
	<input type="checkbox"/> Donor/s - non-identifying information <b>OR</b>	
	<input type="checkbox"/> Donor/s - <b>both</b> identifying and non-identifying information	
	<input type="checkbox"/> Donor sibling/s - non-identifying information	<input type="checkbox"/> \$84.60
<input type="checkbox"/> Parent of a donor-conceived person	<input type="checkbox"/> Donor/s - identifying information <b>OR</b>	<input type="checkbox"/> \$84.60
	<input type="checkbox"/> Donor/s - non-identifying information <b>OR</b>	
	<input type="checkbox"/> Donor/s - <b>both</b> identifying and non-identifying information	
	<input type="checkbox"/> Donor sibling/s- non-identifying information	<input type="checkbox"/> \$84.60
<input type="checkbox"/> Descendant of a donor-conceived person	<input type="checkbox"/> Donor/s - identifying information <b>OR</b>	<input type="checkbox"/> \$84.60
	<input type="checkbox"/> Donor/s - non-identifying information <b>OR</b>	
	<input type="checkbox"/> Donor/s - <b>both</b> identifying and non-identifying information	
<input type="checkbox"/> Donor	<input type="checkbox"/> Donor-conceived person/s - identifying information <b>OR</b>	<input type="checkbox"/> \$84.60
	<input type="checkbox"/> Donor-conceived person/s - non-identifying information <b>OR</b>	
	<input type="checkbox"/> Donor-conceived person/s - <b>both</b> identifying and non-identifying information	
	<b>Total amount payable</b>	<input type="checkbox"/> <b>\$84.60</b> <b>or</b> <input type="checkbox"/> <b>\$169.20</b>

## 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: \_\_\_\_/\_\_\_\_/\_\_\_\_





**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:**

Case Manager

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

