Child Protection Order Check Application Form

Assisted Reproductive Treatment Act 2008

This form is to be completed by any person requesting a Child Protection Order Check as part of commencing assisted reproductive treatment through an IVF clinic. This includes a woman requesting treatment, the partner of a woman requesting treatment and any commissioning parent involved in treatment. The Child Protection Order Check is conducted in accordance with the *Assisted Reproductive Treatment Act 2008*.

Please complete ALL sections of the form below. Incomplete forms will not be accepted and will be returned to your clinic, which may cause delays in your treatment. If you need help completing this form, or if you have any questions about the progress of your application, please contact your IVF clinic.

DO NOT PRINT THIS FORM. Once your form is complete, please save the completed copy and return the form to your clinic via email.

Are you:

- ◯ Woman requesting treatment
- ◯ Partner of woman requesting treatment
- ◯ Commissioning parent

From which IVF clinic are you seeking treatment?

Please select an IVF clinic: Number 1 Fertility

Your name:

First name:

Middle name:

Surname:

Have you ever been known by any other name/s? (e.g. name prior to marriage, name changed for cultural reasons)

- ◯ Yes
- ◯ No

If yes, please specify full details (i.e. first name, middle name, surname) of all alternative or previous names:

Your date of birth:
(Please use format DD/MM/YYYY)

Your gender:

Have you ever had a child in your custody or guardianship? (e.g. biological child, stepchild, defacto's child, permanent carer for another child)

- ◯ Yes
- ◯ No

If yes, please specify full details (i.e. first name, middle name, surname, date of birth) of any child/ children who have ever been in your custody or guardianship, regardless of their current age:

Full name

Date of birth

Full name

Date of birth

Full name

Date of birth

Full name

Date of birth

Full name

Date of birth

If more than five children, please list details of additional children here:

Has any child who is, or was, in your custody or guardianship ever been subject to a Child Protection Order? (Relevant order types are *Family Reunification Order, Care by Secretary Order, Custody to Secretary Order, Guardianship to Secretary Order* and *Supervised Custody Order*.)

- ◯ Yes
- ◯ No

If yes, please provide details:

Your current residential address:

Street address
(unit / street number
and street name)

Suburb

State Overseas

Postcode

Have you lived at this address for five years or more?

- ◯ Yes
- ◯ No

If no, please specify full details of any other addresses you have lived at during the past five years:

Name of related applicant, if any (e.g. your husband's / wife's / partner's name):

Declaration and Consent (please ensure both boxes are ticked in order for your check to proceed):

I, THE APPLICANT:

☐ **DECLARE THE INFORMATION I HAVE PROVIDED ON THIS FORM IS ACCURATE AND COMPLETE.**

☐ **CONSENT TO A CHILD PROTECTION ORDER CHECK BEING CONDUCTED AND AUTHORISE MY ART PROVIDER TO APPLY FOR A CHILD PROTECTION ORDER CHECK AND RECEIVE THE RESULTS ON MY BEHALF.**

Please do not print this form.
Save the completed form, using your name as the document title (e.g. "Mary Smith.pdf") and return the completed form to your clinic via email.