



# DCIS application form

Donor Conception Information Service (*Human Reproductive Technology Act 1991*)

**To be completed by parent of child who has reached 2 years of age and not yet turned 16**

## Applicant details (parent)

Preferred pronoun

Surname

First name

Other names

Date of birth

Phone 1

Email 1

Phone 2

Email 2

Address line 1

Address line 2

Suburb

Postcode

State

Country

## Treated mother details

Information about the birth mother and the treatment resulting in child's birth.

### The following information must be provided

Mother's surname

(at time of donation)

Mother's first name

Other names

Mother's maiden name

Mother's DoB

### The following should be provided if known

Name of fertility clinic in WA

Treatment date

ID code assigned to mother by fertility clinic

Postcode of mother at time of treatment

Donation type

Sperm

Egg

Sperm and egg

Embryo

Male donor code

Female donor code

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## Details of child/children born

Child 1 name	Date of birth
Child 2 name	Date of birth
Child 3 name	Date of birth
Child 4 name	Date of birth

## Type of information requested

### Select all that apply

- Non-identifying information about donor/s  
(may include physical characteristics, occupation, ethnicity etc) \*8 weeks
- Non-identifying information about people born from the same donor (Where available, family groups, year of birth and sex at birth can be provided) \*12 weeks

\* Indicated processing time which may vary due to availability of information from the clinic(s).

## DCIS register

By signing this form, I consent for my personal details and my child's details including information relating to donor conception to be held by DCIS, WA Department of Health until they turn 16 years old

I agree for DCIS to contact the fertility clinic on my behalf to access records relating to me and any matched individuals

## Contact (please select one)

- I consent to DCIS contacting me to discuss information sharing preferences if I am matched\*\* with another person **OR**
- I do not consent to be contacted by DCIS if matched with other people **OR**
- Unsure, and I would like to be contacted by DCIS to discuss

\*\* people are 'matched' if they share the same donor. A matched group includes the donor, the recipient parent of children under 16 and donor conceived individuals 16 years and older.

## Update preferences

You can update your consent and contact preferences or your contact details at any time by completing a new form. **Please indicate below if this form contains updated information.**

- I am updating my DCIS registration with information in this form

## Signature and ID confirmation

- I have completed and attached a statutory declaration of Identity

Signature

Date of application

Please email application and statutory declaration of ID to: [DCIS@health.wa.gov.au](mailto:DCIS@health.wa.gov.au)

Version 1.5