



DCIS application form

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

To be completed by donor

Applicant details

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

Donor details

Information about you at the time of donation – if different from above.

The following information must be provided

Your surname

(at time of donation)

First name

Other names

The following should be provided if known

Name of fertility clinic in WA

Year of donation

Donation type

Sperm

Egg

Embryo

Male donor code

Female donor code

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Type of information requested

- Non-identifying information about people born from my donation (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 including information relating to donor conception to be held by DCIS, WA Department of Health

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.

Contact preferences

- I give consent** to be contacted by children born from my donations
- I do not give consent** to be contacted by children born from my donations

If I donated after 1 December 2004, I understand that I gave consent for my identifying information to be provided to the children born from my donation when they turn 16 years old. This consent cannot be withdrawn.

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

Version 1.4