

|  |
| --- |
| Statement of Reasons Form |
| For more information regarding completing your Statement of Reasons please visit the [Department of Health Website](https://www.health.vic.gov.au/). |

# **Applicant Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Unique donor identifier (if relevant): | |  | | |
| I, | [name] | of | [address] | am; |

|  |  |
| --- | --- |
|  | a person born as a result of a donor treatment procedure who is making an application for the disclosure of information recorded on the Central Register; or |
|  |
|  | a parent of a person born as a result of a donor treatment procedure who is making an application for the disclosure of information recorded on the Central Register; or |
|  |
|  | a person who is descended from a person born as a result of a donor treatment procedure who is making an application for the disclosure of information recorded on the Central Register; or |
|  |
|  | a donor who is making an application for the disclosure of information recorded on the Central Register. |
|  |

**This document outlines my reasons for making this application.**

I acknowledge that I have provided this information for the purposes of my application and that this form will be provided to the person about whom I am requesting information with my identifying information redacted.

|  |  |
| --- | --- |
| Signed: | [signature of person] |
| Name: | [print name] |
| Date: |  |

# **Reasons for application**

Provide information about your reasons for the application.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

# **Information about you**

If relevant, include any information that you would like the person about whom you are requesting information to know about you. Attach any necessary supporting material.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

# **Short term goals**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

# **Long term goals**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

# **Expectations about contact and method of communication**

If you are seeking to make contact with the person about whom you are requesting information, provide details of:

(a) any expectations you have in relation to communication with the person; and

(b) how you would like to be contacted by the person (for example, by email, phone or in person); and

(c) any other information that you would like the person to know.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

Additional pages can be added if required.

# **Notes:**

The Donor Conception Registrar manages the Central Register which contains information about donors and persons born as a result of a treatment procedure or artificial insemination using donor gametes. See section 53 of the Assisted Reproductive Treatment Act 2008 (the Act).

A person who is born as a result of a donor treatment procedure may apply to the Donor Conception Registrar for disclosure of information on the Central Register relating to their donor's name, the donor's date of birth and the donor's unique donor identifier.

The Donor Conception Registrar must not disclose this information unless the Donor Conception Registrar is satisfied that the person who is born as a result of a donor treatment procedure and the donor are related. The disclosure of this information does not require the donor's consent. See section 57(2) of the Act.

If the applicant is a donor or a parent of a person born as a result of a donor treatment procedure, the Donor Conception Registrar must disclose to the parent or donor identifying information if the person to whom the information relates consents to the disclosure and the disclosure is in accordance with that consent. . See section 58(1) of the Act.

Before accepting an application for disclosure of information recorded on the Central Register, the Donor Conception Registrar must give the applicant the prescribed explanatory material. See section 56(4) of the Act.

See the [Department of Health Website](https://www.health.vic.gov.au/) for more information.

|  |
| --- |
| To receive this document in another format, [email the Donor Conception Registrar](mailto:email%20the%20Donor%20Conception%20Registrar) [<DCR@health.vic.gov.au](mailto:%3cDCR@health.vic.gov.au)>.  Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.  © State of Victoria, Australia, Department of Health, January 2025 |