

IMPORTANT INFORMATION FOR COMPLETING THIS FORM

Use **black or blue ink only** and print within the boxes in BLOCK letters.

Please ensure:

- that email & telephone numbers are provided as the Patient Review Panel may be required to contact you regarding your application at short notice.
- that all relevant sections are completed and that original or certified copies of all required documents listed in **Section 18** are attached to your application.
- that all applicants have signed and dated the form in **Sections 12-17**.
- that you have read and are familiar with the **Privacy Statement** at the bottom of this page.

Please note that failure to comply with any of the above requirements may delay the processing of your application.

Further Information

If you have any questions regarding the completion of this form please contact your Assisted Reproductive Treatment provider in the first instance.

If you have any further questions please contact the Patient Review Panel on (03) 9096 2806 or via email at prp@health.vic.gov.au.

What happens next

Once your application has been received you will be sent a confirmation of receipt by email.

Your application will then be checked for all required information and you will be notified of the next available hearing date that your application can be considered by the Panel and whether your attendance is required.

Once the Panel has made a decision regarding your application, you will be notified within 14 days.

Privacy Statement

The Patient Review Panel collects personal and health information relating to you as part of its role in considering applications for treatment in accordance with the *Assisted Reproductive Treatment Act 2008*. This information is handled in compliance with the *Information Privacy Act 2000* and the *Health Records Act 2001*.

The collection of this information is necessary for the Panel to perform its functions. The Panel's ability to handle and determine your application may be hindered if you do not disclose/provide all relevant information.

All information provided will only be used for the purposes intended. All information will be treated as confidential unless otherwise required by law.

In some circumstances the Panel may discuss your application with your ART provider or disclose information about you to a third party for the purposes of obtaining an opinion/assessment/information about your application. Where it is intended to disclose information to a third party your consent will be sought.

Outcomes of applications will be recorded and reported on in a de-identified statistical form and a copy of the certified decision provided to your ART provider. If a decision of the Panel may be reasonably expected to have a significant impact on the way in which treatment is carried out in Victoria the Panel must provide the Victorian Assisted Reproductive Treatment Authority with a de-identified copy of the decision (you will be advised where this occurs).

The information the Panel holds about you can be accessed by you upon request to the Associate.

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Section 4: Surrogate's Details

Date of Birth	D	D	M	M	Y	Y	Title								
First name															
Last name															
Postal address															
Suburb															
State							Postcode								
Phone number															
Email address															

Section 5: Surrogate's Partner Details (if applicable)

Date of Birth	D	D	M	M	Y	Y	Title								
First name															
Last name															
Postal address															
Suburb															
State							Postcode								
Phone number															
Email address															

Section 6: Relationship of Surrogate to Commissioning Parent

Is the surrogate mother related to a commissioning parent?

Yes

No

If so, please specify nature of relationship:

Section 7: Donor 1 Details (if applicable)

Please circle type of gamete or embryo donated:

Sperm

Oocyte

Embryo

Date of Birth	D	D	M	M	Y	Y	Title								
First name															
Last name															
Postal address															
Suburb															
State															
Phone number															
Email address															

Section 8: Donor 1's Partner Details (if applicable)

Date of Birth	D	D	M	M	Y	Y	Title								
First name															
Last name															
Postal address															
Suburb															
State															
Phone number															
Email address															

Section 9: Donor 2 Details (if applicable)

Please circle type of gamete or embryo donated:

	Sperm	Oocyte	Embryo
Date of Birth	D D M M Y Y	Title	
First name			
Last name			
Postal address			
Suburb			
State			Postcode
Phone number			
Email address			

Section 10: Donor 2's Partner Details (if applicable)

Date of Birth	D D M M Y Y	Title	
First name			
Last name			
Postal address			
Suburb			
State			Postcode
Phone number			
Email address			

Section 11: Commissioning Parent Signature

The information provided on this application is true and correct

Signature _____ Date

D	D	M	M	Y	Y
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Section 12: Commissioning Parent's Partner Signature (if applicable)

The information provided on this application is true and correct

Signature _____ Date

D	D	M	M	Y	Y
---	---	---	---	---	---

Section 13: Surrogate Signature

The information provided on this application is true and correct

Signature _____

Date

D	D	M	M	Y	Y
---	---	---	---	---	---

Section 14: Surrogate's Partner Signature (if applicable)

The information provided on this application is true and correct

Signature _____

Date

D	D	M	M	Y	Y
---	---	---	---	---	---

Section 15: Donor 1 Signature (if applicable)

The information provided on this application is true and correct

Signature _____

Date

D	D	M	M	Y	Y
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Section 16: Donor 2 Signature (if applicable)

The information provided on this application is true and correct

Signature _____

Date

D	D	M	M	Y	Y
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Section 17: Attachments

Have you attached the following documents:

Counselling Report from ART Provider

Report from Psychological Assessment

Criminal Record Checks for Commissioning Parent & Partner

Criminal Record Checks for Surrogate Mother & Partner

Child Protection Order Checks for Commissioning Parent & Partner

Child Protection Order Checks for Surrogate Mother & partner

Evidence of doctors assessment about commissioning parent's ability to become pregnant, carry a pregnancy or give birth. (if applicable)

Proof of surrogate mother's age

Proof of surrogate mother's children (birth certificates)

Evidence of Independent Legal Advice

Completed forms can be:

- Scanned and emailed to prp@health.vic.gov.au
- Mailed to:

Patient Review Panel
GPO Box 4541
MELBOURNE VIC 3001