



## Reproductive Technology Council

### **APPLICATION FORM FOR CONSIDERATION OF APPROVAL FOR A SURROGACY ARRANGEMENT BY THE REPRODUCTIVE TECHNOLOGY COUNCIL WA – Arranged Parent Form**

*This form is to be completed by the applicant(s) with the assistance of **Clinic Surrogacy Coordinator**. Information is to be provided by the arranged parent 1 (the arranged mother) and arranged parent 2 –the husband defacto partner of the arranged mother (where applicable). This form is to be submitted as part of the application process to the Reproduction Technology Council (RTC) for consideration of the proposed surrogacy arrangement.*

#### **1. Arranged Parent 1 (Arranged Mother):**

Information about the individual who intends to parent/raise the child.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Contact Details: (Hm) \_\_\_\_\_ (M) \_\_\_\_\_  
Email \_\_\_\_\_

#### **Arranged Parent 2 (Arranged Partner):**

Information about the husband/defacto partner) of the arranged mother (where applicable).

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Contact Details: (Hm) \_\_\_\_\_ (M) \_\_\_\_\_  
Email \_\_\_\_\_

#### **2. Please outline the reasons you are considering a surrogacy arrangement?**

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#### **3. Please indicate whose egg and sperm will be used to conceive the child.**

##### Egg Provider

Arranged parent 1 (Arranged mother)  
Birth Mother (Surrogate mother)







## Reproductive Technology Council

*(Please attach copy of medical practitioner report).*

Arranged parent 2:  Yes  No

Date completed: \_\_\_\_\_

Name of Medical Practitioner: \_\_\_\_\_

*(Please attach copy of medical practitioner report).*

**Please note that all advice and assessments must be completed three months prior to Council's consideration of this arrangement. (*Surrogacy Act 2008, Sect.17(c)(d)*).**

**Please forward completed application forms:**

**Attention:      Executive Officer  
                     Reproductive Technology Council  
                     Department of Health  
                     PO Box 8172  
                     Stirling St Perth WA 6849**



**4. Is there a written agreement which provides consent between all parties involved in the surrogacy arrangement and signed by:**

Arranged parent 1 (Arranged mother)	Yes	No
Arranged parent 2	Yes	No
Birth mother (surrogate mother)	Yes	No
Birth mother's husband/defacto partner	Yes	No
Sperm/Egg Donor (if applicable)	Yes	No
Sperm/Egg Donor's partner (if applicable)	Yes	No

*(Please attach a copy of the signed surrogacy agreement).*

**5. Have you (birth mother) and your partner been counselled separately by an "Approved Counsellor" in relation to the proposed surrogacy arrangement?**

Birth mother:	Yes	No	Date completed: _____
Husband/partner:	Yes	No	Date completed: _____

*(Please attach copy of the written certificate provided by approved counsellor).*

**6. Have you (birth mother), and your husband/defacto partner completed a psychological assessment with a clinical psychologist?**

Birth mother:	Yes	No	Date completed: _____
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Name of Clinical Psychologist:

\_\_\_\_\_

Husband/partner:	Yes	No	Date completed: _____
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Name of Clinical Psychologist:

\_\_\_\_\_

*(Please attach a copy of the clinical psychologist assessment report).*

**7. Have you (birth mother), and your husband/defacto partner obtained legal advice from a legal practitioner regarding legal issues relating to the surrogacy arrangement?**

Birth mother:	Yes	No	Date completed: _____
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Name of Legal Adviser: \_\_\_\_\_

**Was the legal advice independent?**

*(Independent legal advice means that this individual was chosen by you to provide the advice and that the person providing the advice is not providing advice to other interested parties required to receive advice).*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Please attach copy of written notice provided by the legal adviser).*

Husband/partner:        Yes        No        Date completed: \_\_\_\_\_

Name of Legal Adviser: \_\_\_\_\_

Was the legal advice independent?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Please attach copy of written notice provided by the legal adviser).*

**8. Have you and husband/defacto partner been assessed by a medical practitioner with regards to medical issues that may impact the proposed surrogacy arrangement?**

Birth mother:        Yes        No        Date completed: \_\_\_\_\_

Name of Medical Practitioner: \_\_\_\_\_

*(Please attach copy of medical practitioner report).*

Husband/defacto partner:        Yes        No        Date completed: \_\_\_\_\_

Name of Medical Practitioner: \_\_\_\_\_

*(Please attach a copy of medical practitioner report).*

**Please note that all advice and assessments must be completed three months prior to Council's consideration of this arrangement. (*Surrogacy Act 2008, Sect.17(c) (d)*).**

**Please forward completed application forms:**

**Attention:**

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Reproductive Technology Council  
Department of Health  
PO Box 8172  
Stirling St Perth WA 6849**

**APPLICATION FORM FOR CONSIDERATION OF APPROVAL FOR A SURROGACY ARRANGEMENT – Donor Form**

*This application form is to be completed by the applicant with the assistance of the **Clinic Surrogacy Co-ordinator** and submitted to the **Reproduction Technology Council (RTC)** by individual(s) interested in seeking approval to donate their sperm/eggs or embryo's for use in a surrogacy arrangement.*

**1. Donor Details:**

(Information about the individual who consents to the use of their sperm, eggs or embryos in a surrogacy arrangement).

Name (egg donor) \_\_\_\_\_  
Address \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Contact Details: (Hm) \_\_\_\_\_ (M) \_\_\_\_\_  
Email \_\_\_\_\_

Name (sperm donor) \_\_\_\_\_  
Address \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Contact Details: (Hm) \_\_\_\_\_ (M) \_\_\_\_\_  
Email \_\_\_\_\_

**2. State briefly the reasons why you are considering donating to a surrogacy arrangement?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Is there a written agreement which provides consent between all parties involved in the surrogacy arrangement and signed by:**

Arranged parent 1 (arranged mother)	Yes	No
Arranged parent 2	Yes	No
Birth mother (surrogate mother)	Yes	No
Birth mother's husband/defacto partner	Yes	No
Sperm/Egg Donor (if applicable)	Yes	No
Sperm/Egg Donor's partner (if applicable)	Yes	No

*(Please attach a copy of the signed surrogacy agreements).*

**4. Have you and your partner been counselled separately by an "Approved Counsellor" in relation to the proposed surrogacy arrangement?**

Egg Donor (if applicable):	Yes	No
Egg Donor's husband/defacto partner (if applicable)	Yes	No

Date completed: \_\_\_\_\_

Sperm Donor: (if applicable):	Yes	No
Sperm Donor's wife/defacto partner (if applicable)	Yes	No

Date completed: \_\_\_\_\_  
(Please attach copy of the written certificate provided by approved counsellor).

**5. Have you and your partner completed a psychological assessment with a clinical psychologist?**

Egg Donor (if applicable):	Yes	No
Egg Donor's husband/defacto partner (if applicable)	Yes	No

Date completed: \_\_\_\_\_

Name of Clinical Psychologist: \_\_\_\_\_

Sperm Donor (if applicable):	Yes	No
Sperm Donor's wife/defacto partner (if applicable)	Yes	No

Date completed: \_\_\_\_\_

Name of Clinical Psychologist: \_\_\_\_\_

(Please attach a copy of the clinical psychologist assessment report).

**6. Have you and your partner obtained legal advice from a legal practitioner regarding legal issues relating to the surrogacy arrangement?**

Egg Donor (if applicable):	Yes	No
Egg Donor's husband/defacto partner (if applicable)	Yes	No

Date completed: \_\_\_\_\_

Name of Legal Adviser: \_\_\_\_\_

Was the legal advice independent?

(Independent legal advice means that this individual was chosen by you to provide the advice and that the person providing the advice is not providing advice to other interested parties required to receive advice).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please attach copy of written notice provided by the legal adviser).

Sperm Donor (if applicable):	Yes	No
Sperm Donor's wife/defacto partner (if applicable)	Yes	No

Date completed: \_\_\_\_\_

Name of Legal Adviser: \_\_\_\_\_

Was the legal advice independent?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Please attach copy of written notice provided by the legal adviser).*

**7. Have you been assessed by a medical practitioner with regards to medical issues that may impact your ability to donate for the proposed surrogacy arrangement?**

Egg Donor (if applicable):  Yes  No  
Date completed: \_\_\_\_\_

Name of Medical Practitioner: \_\_\_\_\_

*(Please attach copy of medical practitioner report).*

Sperm Donor (if applicable):  Yes  No  
Date completed: \_\_\_\_\_

Name of Medical Practitioner: \_\_\_\_\_

*(Please attach a copy of medical practitioner report).*

**Please note that all advice and assessments must be completed three months prior to Council's consideration of this arrangement. (*Surrogacy Act 2008, Sect.17(c)(d)*).**

**Please forward completed application forms:**

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