



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 the Clinic Surrogacy Co-ordinator. Information is to be provided by the Arranged Parent 1 (the Arranged Mother) and Arranged Parent 2 (the husband/de facto partner of the Arranged Mother - if applicable). This form is to be submitted as part of the application process to the Reproductive 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 (dd/mm/yyyy): _____

Telephone Contact Details: (H) _____ (M) _____

Email: _____

Arranged Parent 2 (Arranged Partner):

Information about the husband/de facto partner of the Arranged Mother (if applicable).

Name: _____

Address: _____

Date of birth (dd/mm/yyyy): _____

Telephone Contact Details: (H) _____ (M) _____

Email: _____

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

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)

Egg Donor Known Unknown

Sperm Provider

Arranged Parent 2 (Arranged Father)

Birth Mother's Partner

Sperm Donor Known Unknown

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 <input type="checkbox"/>	No <input type="checkbox"/>
Arranged Parent 2 (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Birth Mother (Surrogate Mother)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Birth Mother's Partner (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sperm/Egg Donor (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sperm/Egg Donor's partner (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

The Reproductive Technology Council recommends that each page is signed and initialled by all parties to the surrogacy arrangement.

Tick box to confirm a copy of the signed surrogacy agreement is attached.

5. Have you ('Arranged Parent 1/Arranged Mother') and your husband/de facto partner ('Arranged Parent 2') been counselled separately by an "Approved Counsellor" in relation to the proposed surrogacy arrangement?

Arranged Parent 1 (Arranged Mother):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date completed (dd/mm/yyyy): _____		

Arranged Parent 2:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date completed (dd/mm/yyyy): _____		

Tick box to confirm a copy of the written certificate provided by an approved counsellor is attached.

6. Have you ('Arranged Parent 1/Arranged Mother') and your husband/de facto partner ('Arranged Parent 2') completed a psychological assessment with a clinical psychologist?

Arranged Parent 1 (Arranged Mother):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date completed (dd/mm/yyyy): _____		

Name of Clinical Psychologist: _____

Arranged Parent 2:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date completed (dd/mm/yyyy): _____		

Name of Clinical Psychologist: _____

Tick box to confirm a copy of the clinical psychologist's assessment report is attached.

7. Have you ('Arranged Parent 1/Arranged Mother') and your husband/de facto partner ('Arranged Parent 2') obtained legal advice from a legal practitioner regarding legal issues relating to the surrogacy arrangement?

Arranged Parent 1 (Arranged Mother):	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date completed (dd/mm/yyyy): _____		

Name of Legal Adviser: _____

Was the legal advice independent?

(Independent legal advice means that this legal adviser was chosen by you to provide the legal advice and that this legal advisor is not providing advice to other interested parties in this arrangement).

Yes No

Tick box to confirm a copy of written notice provided by the Legal Adviser is attached.

Arranged Parent 2: Yes No
Date completed (dd/mm/yyyy): _____

Name of Legal Adviser: _____

Was the legal advice independent? Yes No

Tick box to confirm a copy of written notice provided by the Legal Adviser is attached.

8. Have you ('Arranged Parent 1/Arranged Mother') and your husband/de facto partner ('Arranged Parent 2') been assessed by a medical practitioner with regards to medical issues that may impact the proposed surrogacy arrangement?

Arranged Parent 1: Yes No Date completed (dd/mm/yyyy): _____

Name of Medical Practitioner: _____

Tick box to confirm a copy of medical practitioner's report is attached.

Arranged Parent 2: Yes No Date completed (dd/mm/yyyy): _____

Name of Medical Practitioner: _____

Tick box to confirm a copy of medical practitioner's report is attached.

9. Signatures of Arranged Parents

Name of Arranged Parent 1 (Print)

Signature of Arranged Parent 1

Date (dd/mm/yyyy)

Name of Arranged Parent 2 (Print)

Signature of Arranged Parent 2

Date (dd/mm/yyyy)

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 to:

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



Reproductive Technology Council

Application Form for Consideration of Approval for a Surrogacy Arrangement by the Reproductive Technology Council WA

Birth Mother Form

This form is to be completed by the applicant with the assistance of the Clinic Surrogacy Co-ordinator. Information is to be provided by the Birth Mother and the Birth Mother's husband/de facto partner (if applicable). This form also applies where the Mother and/or the Birth Mother's husband/de facto partner has donated reproductive material to the proposed surrogacy arrangement. This form is to be submitted as part of the application process to the Reproductive Technology Council (RTC) for consideration of the proposed surrogacy arrangement.

1. Birth Mother details:

(Information about the woman who will give birth to the child).

Name: _____
Address: _____
Date of birth (dd/mm/yyyy): _____
Telephone Contact Details: (H) _____ (M) _____
Email: _____

Past Obstetric History (including dates, details and outcomes of all past pregnancies):

Are you currently pregnant? Yes No

2. Birth Mother's husband/de facto partner details:

Name: _____
Address: _____
Date of birth (dd/mm/yyyy): _____
Telephone Contact Details: (H) _____ (M) _____
Email: _____

3. Please outline the reasons why you are considering a surrogacy arrangement?

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 <input type="checkbox"/>	No <input type="checkbox"/>
Arranged Parent 2 (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Birth Mother (Surrogate Mother)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Birth Mother's Partner (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sperm/Egg Donor (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sperm/Egg Donor's partner (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

The Reproductive Technology Council recommends that each page is signed and initialled by all parties to the surrogacy arrangement.

Tick box to confirm a copy of the signed surrogacy agreement is attached.

5. Have you (Birth Mother) and your husband/de facto partner been counselled separately by an "Approved Counsellor" in relation to the proposed surrogacy arrangement?

Birth Mother: Yes No Date completed (dd/mm/yyyy): _____
Husband/de facto partner: Yes No Date completed (dd/mm/yyyy): _____

Tick box to confirm a copy of the written certificate provided by an approved counsellor is attached.

6. Have you (Birth Mother), and your husband/de facto partner completed a psychological assessment with a clinical psychologist?

Birth Mother: Yes No Date completed (dd/mm/yyyy): _____

Name of Clinical Psychologist: _____

Husband/de facto partner: Yes No Date completed (dd/mm/yyyy): _____

Name of Clinical Psychologist: _____

Tick box to confirm a copy of the clinical psychologist's assessment report is attached.

7. Have you (Birth Mother) and your husband/de facto partner obtained legal advice from a legal practitioner regarding legal issues relating to the surrogacy arrangement?

Birth Mother: Yes No Date completed (dd/mm/yyyy): _____

Name of Legal Adviser: _____

Was the legal advice independent?

(Independent legal advice means that this legal advisor was chosen by you to provide the legal advice and that this legal advisor is not providing advice to other interested parties in this arrangement).

Yes No

Tick box to confirm a copy of written notice provided by the Legal Adviser is attached.

Husband/de facto partner: Yes No Date completed (dd/mm/yyyy): _____

Name of Legal Adviser: _____

Was the legal advice independent?

Yes

No

Tick box to confirm a copy of written notice provided by the Legal Adviser is attached.

8. Have you and your husband/de facto 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 (dd/mm/yyyy): _____

Name of Medical Practitioner: _____

Tick box to confirm a copy of medical practitioner's report is attached.

Husband/de facto partner: Yes No Date completed (dd/mm/yyyy): _____

Name of Medical Practitioner: _____

Tick box to confirm a copy of medical practitioner's report is attached.

9. Have you and/or your husband/de facto partner donated reproductive material for use in the proposed surrogacy arrangement?

Birth Mother: Yes No

Husband/de facto partner: Yes No

10. Signatures of Birth Mother and her husband/de facto partner (if applicable)

Name of Birth Mother (Print)

Signature of Birth Mother

Date (dd/mm/yyyy)

Name of Birth Mother's husband/de facto partner (Print)

Signature of Birth Mother's husband/de facto partner

Date (dd/mm/yyyy)

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 to:

Attention:

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



Reproductive Technology Council

Application Form for Consideration of Approval for a Surrogacy Arrangement by the Reproductive Technology Council WA

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 Reproductive Technology Council (RTC) by individual(s) interested in seeking approval to donate their sperm/eggs or embryo's for use in a surrogacy arrangement. One form per donor is required.

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 (dd/mm/yyyy): _____
Telephone Contact Details: (H) _____ (M) _____
Email: _____

Name (Sperm Donor): _____
Address: _____
Date of birth (dd/mm/yyyy): _____
Telephone Contact Details: (H) _____ (M) _____
Email: _____

2. Please state 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 <input type="checkbox"/>	No <input type="checkbox"/>
Arranged Parent 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Birth Mother (Surrogate Mother)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Birth Mother's Partner	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sperm/Egg Donor	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sperm/Egg Donor's partner (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

The Reproductive Technology Council recommends that each page is signed and initialled by all parties to the surrogacy arrangement.

Tick box to confirm a copy of the signed surrogacy agreement is attached.

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 N/A
Egg Donor’s husband/de facto partner (if applicable) Yes No N/A

Date completed (dd/mm/yyyy): _____

Sperm Donor (if applicable) Yes No N/A
Sperm Donor’s wife/de facto partner (if applicable) Yes No N/A

Date completed (dd/mm/yyyy): _____

Tick box to confirm a copy of the written certificate provided by an approved counsellor is attached.

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

Egg Donor (if applicable) Yes No N/A
Egg Donor’s husband/de facto partner (if applicable) Yes No N/A

Date completed (dd/mm/yyyy): _____

Name of Clinical Psychologist: _____

Sperm Donor (if applicable) Yes No N/A
Sperm Donor’s wife/de facto partner (if applicable) Yes No N/A

Date completed (dd/mm/yyyy): _____

Name of Clinical Psychologist: _____

Tick box to confirm a copy of the clinical psychologist’s assessment report is attached.

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 N/A
Egg Donor’s husband/de facto partner (if applicable) Yes No N/A

Date completed (dd/mm/yyyy): _____

Name of Legal Adviser: _____

Was the legal advice independent?

(Independent legal advice means that this legal adviser was chosen by you to provide the legal advice and that this legal adviser is not providing advice to other interested parties in this arrangement).

Yes No

Tick box to confirm a copy of written notice provided by the Legal Adviser is attached.

Sperm Donor (if applicable) Yes No N/A
Sperm Donor’s wife/de facto partner (if applicable) Yes No N/A

Date completed (dd/mm/yyyy): _____

Name of Legal Adviser: _____

Was the legal advice independent? Yes No

Tick box to confirm a copy of written notice provided by the Legal Adviser is attached.

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 N/A

Date completed (dd/mm/yyyy): _____

Name of Medical Practitioner: _____

Tick box to confirm a copy of medical practitioner's report is attached.

Sperm Donor (if applicable): Yes No N/A

Date completed (dd/mm/yyyy): _____

Name of Medical Practitioner: _____

Tick box to confirm a copy of medical practitioner's report is attached.

8. Signatures of Donor and Donor's Spouse/De facto partner (if applicable)

Name of Egg Donor (Print)

Signature of Egg Donor

Date (dd/mm/yyyy)

Name of Egg Donor's husband/ partner (Print)

Signature of Egg Donor's husband/partner

Date (dd/mm/yyyy)

Name of Sperm Donor (Print)

Signature of Sperm Donor

Date (dd/mm/yyyy)

Name of Sperm Donor's wife/partner (Print)

Signature of Sperm Donor's wife/partner

Date (dd/mm/yyyy)

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)*).

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