



## 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, where applicable, Arranged Parent 2 (the husband/de facto partner of the Arranged Mother).*
- *This form is to be submitted as part of a surrogacy arrangement application to the Reproductive Technology Council (RTC).*
- *A checklist of documents to be submitted to the RTC for approval of the arrangement is included at the end of this form.*

#### **1. Arranged Parent 1 (Arranged Mother):** Information about the individual who intends to parent/raise the child.

Name: .....

Date of birth: ..... / ..... / .....  
Day Month Year

Address: .....

Suburb: ..... Postcode:.....

#### **Arranged Parent 2 (Arranged Partner):** Information about the husband/de facto partner of the Arranged Mother.

Tick if not applicable

Name: .....

Date of birth: ..... / ..... / .....  
Day Month Year

Address: .....

Suburb: ..... Postcode:.....

**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
- Birth Mother (Surrogate Mother)
- Known Egg Donor
- Unknown Egg Donor

Sperm Provider:

- Arranged Parent 2
- Birth Mother's Partner
- Known Sperm Donor
- Unknown Sperm Donor

**4. Is there a written and signed surrogacy agreement which provides consent between all parties:**

- Arranged Parent 1 (Arranged Mother):  Yes  No
- Arranged Parent 2:  Yes  No  Not applicable
- Birth Mother (Surrogate Mother):  Yes  No
- Birth Mother's Partner:  Yes  No  Not applicable
- Egg Donor:  Yes  No  Not applicable
- Egg Donor's Partner:  Yes  No  Not applicable
- Sperm Donor:  Yes  No  Not applicable
- Sperm Donor's Partner:  Yes  No  Not applicable

*The RTC recommends that each page is signed and initialled by all parties to the surrogacy arrangement.*

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

**Arranged Parent 1:**     Yes: ...../...../20.....     No  
Date completed

**Arranged Parent 2:**     Yes: ...../...../20.....     No     Not applicable  
Date completed

**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:**     Yes: ...../...../20.....     No  
Date completed

**Arranged Parent 2:**     Yes: ...../...../20.....     No     Not applicable  
Date completed

**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:**     Yes: ...../...../20.....     No  
Date completed

**Arranged Parent 2:**     Yes: ...../...../20.....     No     Not applicable  
Date completed

Was the legal advice independent?     Yes     No

*(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. A signed certificate from each Legal Advisor is acceptable as proof of the parties being independently advised. Copies of letters of legal advice do NOT need to be submitted).*





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

Name: .....

Date of birth: ..... / ..... / .....  
Day Month Year

Address: .....

Suburb: ..... Postcode:.....

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

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**4. Is there a written and signed surrogacy agreement which provides consent between all parties:**

- Arranged Parent 1 (Arranged Mother):  Yes  No
- Arranged Parent 2:  Yes  No  Not applicable
- Birth Mother (Surrogate Mother):  Yes  No
- Birth Mother's Partner:  Yes  No  Not applicable
- Egg Donor:  Yes  No  Not applicable
- Egg Donor's Partner:  Yes  No  Not applicable
- Sperm Donor:  Yes  No  Not applicable
- Sperm Donor's Partner:  Yes  No  Not applicable

*The RTC recommends that each page is signed and initialled by all parties to the surrogacy arrangement.*

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

**Birth Mother:**  Yes: ...../...../20.....  No  
Date completed

**Partner:**  Yes: ...../...../20.....  No  Not applicable  
Date completed

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

**Birth Mother:**  Yes: ...../...../20.....  No  
Date completed

**Partner:**  Yes: ...../...../20.....  No  Not applicable  
Date completed

**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: ...../...../20.....  No  
Date completed

**Partner:**  Yes: ...../...../20.....  No  Not applicable  
Date completed

Was the legal advice independent?  Yes  No

*(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. A signed certificate from each Legal Advisor is acceptable as proof of the parties being independently advised. Copies of letters of legal advice do NOT need to be submitted).*

**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: ...../...../20.....  No  
Date completed

**Partner:**  Yes: ...../...../20.....  No  Not applicable  
Date completed

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

**Birth Mother (Surrogate Mother):**       Yes    No

**Partner:**       Yes    No    Not applicable

**10. Signatures of Birth Mother and her husband/de facto partner**

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Name of Birth Mother (Print)

.....      ..... / ..... /20 .....  
Signature of Birth Mother      Date (dd/mm/yyyy)

.....  
Name of Birth Mother's partner (Print)    Not applicable

.....      ..... / ..... /20 .....  
Signature of Birth Mother's partner      Date (dd/mm/yyyy)

**Please forward completed application forms to the Surrogacy Coordinator**





## 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

Type of donation:  Sperm  Egg

Name: .....

Date of birth: ..... / ..... / .....  
Day Month Year

Address: .....

Suburb: ..... Postcode:.....

**2. Please state the reasons why you are considering donating to a surrogacy arrangement?**

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**3. Is there a written and signed surrogacy agreement which provides consent between all parties:**

- Arranged Parent 1 (Arranged Mother):  Yes  No
- Arranged Parent 2:  Yes  No  Not applicable
- Birth Mother (Surrogate Mother):  Yes  No
- Birth Mother's Partner:  Yes  No  Not applicable
- Egg Donor:  Yes  No  Not applicable
- Egg Donor's Partner:  Yes  No  Not applicable
- Sperm Donor:  Yes  No  Not applicable
- Sperm Donor's Partner:  Yes  No  Not applicable

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

**4. Have you (the donor) and your partner been counselled separately by an ANZICA eligible Counsellor in relation to the proposed surrogacy arrangement?**

- Donor:  Yes: ...../...../20.....  No  
Date completed
- Donor's Partner:  Yes: ...../...../20.....  No  Not applicable  
Date completed

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

- Donor:  Yes: ...../...../20.....  No  
Date completed
- Donor's Partner:  Yes: ...../...../20.....  No  Not applicable  
Date completed

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

- Donor:  Yes: ...../...../20.....  No  
Date completed
- Donor's Partner:  Yes: ...../...../20.....  No  Not applicable  
Date completed

Was the legal advice independent?  Yes  No

*(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. A signed certificate from each Legal Advisor is acceptable as proof of the parties being independently advised. Copies of letters of legal advice do NOT need to be submitted).*

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

**Donor:**  Yes: ...../...../20.....  No  
Date completed

**Donor's Partner:**  Yes: ...../...../20.....  No  Not applicable  
Date completed

**8. Signatures of Donor and Donor's Spouse/De facto partner**

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Name of Donor (Print)

..... / ..... /20 .....  
Signature of Donor Date (dd/mm/yyyy)

.....  
Name of Donor's partner (Print)  Not applicable

..... / ..... /20 .....  
Signature of Donor's partner Date (dd/mm/yyyy)

**Please forward completed application forms to the Surrogacy Coordinator**

## Surrogacy Coordinator Checklist:

Tick the boxes to confirm the following documents are attached for each party:

	Arranged Parent 1	Arranged Parent 2	Birth Mother	Birth Mother's Partner	Egg Donor	Egg Donors Partner	Sperm Donor	Sperm Donor's Partner
<b>Evidence of Age</b> <i>[Surrogacy Regulations 5(2a &amp; 2b)]</i>	<input type="checkbox"/> Attached	<input type="checkbox"/> Attached <input type="checkbox"/> NA	<input type="checkbox"/> Attached	Not required	Not required	Not required	Not required	Not required
<b>Evidence of obstetric history</b> <i>[Surrogacy Regulations 5(2a)]</i>	Not required	Not required	<input type="checkbox"/> Attached	Not required	Not required	Not required	Not required	Not required
<b>Signed Surrogacy Agreement</b> <i>[Surrogacy Regulations 5(2c)]</i>	<input type="checkbox"/> Attached	<input type="checkbox"/> Attached <input type="checkbox"/> NA	<input type="checkbox"/> Attached	<input type="checkbox"/> Attached <input type="checkbox"/> NA	<input type="checkbox"/> Attached <input type="checkbox"/> NA	<input type="checkbox"/> Attached <input type="checkbox"/> NA	<input type="checkbox"/> Attached <input type="checkbox"/> NA	<input type="checkbox"/> Attached <input type="checkbox"/> NA
<b>Certificate Provided by an ANZICA eligible Counsellor</b> <i>[Surrogacy Regulations 4(3) &amp; 5(2d)]</i>	<input type="checkbox"/> Attached	<input type="checkbox"/> Attached <input type="checkbox"/> NA	<input type="checkbox"/> Attached	<input type="checkbox"/> Attached <input type="checkbox"/> NA	<input type="checkbox"/> Attached <input type="checkbox"/> NA	<input type="checkbox"/> Attached <input type="checkbox"/> NA	<input type="checkbox"/> Attached <input type="checkbox"/> NA	<input type="checkbox"/> Attached <input type="checkbox"/> NA
<b>Clinical Psychologist's Assessment Report</b> <i>[Surrogacy Regulations 5(2e)]</i>	<input type="checkbox"/> Attached	<input type="checkbox"/> Attached <input type="checkbox"/> NA	<input type="checkbox"/> Attached	<input type="checkbox"/> Attached <input type="checkbox"/> NA	<input type="checkbox"/> Attached <input type="checkbox"/> NA	<input type="checkbox"/> Attached <input type="checkbox"/> NA	<input type="checkbox"/> Attached <input type="checkbox"/> NA	<input type="checkbox"/> Attached <input type="checkbox"/> NA
<b>Written Notice Provided by the Legal Advisor</b> <i>[Surrogacy Regulations 5(2f)]</i>	<input type="checkbox"/> Attached	<input type="checkbox"/> Attached <input type="checkbox"/> NA	<input type="checkbox"/> Attached	<input type="checkbox"/> Attached <input type="checkbox"/> NA	<input type="checkbox"/> Attached <input type="checkbox"/> NA	<input type="checkbox"/> Attached <input type="checkbox"/> NA	<input type="checkbox"/> Attached <input type="checkbox"/> NA	<input type="checkbox"/> Attached <input type="checkbox"/> NA
<b>Medical Practitioner's Report</b> <i>[Surrogacy Regulations 5(2g)]</i>	<input type="checkbox"/> Attached	<input type="checkbox"/> Attached <input type="checkbox"/> NA	<input type="checkbox"/> Attached	<input type="checkbox"/> Attached <input type="checkbox"/> NA	<input type="checkbox"/> Attached <input type="checkbox"/> NA	<input type="checkbox"/> Attached <input type="checkbox"/> NA	<input type="checkbox"/> Attached <input type="checkbox"/> NA	<input type="checkbox"/> Attached <input type="checkbox"/> NA

NA: Not applicable. Note: The application for approval of surrogacy arrangement is detailed in Surrogacy Regulations 2009 which are available from the RTC website ([www.rtc.org.au](http://www.rtc.org.au))