

PARTNER TO SIGN.



Agreement to Allow Child Protection Order Check VICTORIA

I understand that it is a requirement of the Assisted Reproductive Technology Act 2008 that I have a child protection check performed by Child Protection Services.

I understand that I am required to complete an “Application for Child Protection Check” which is to be forwarded to City Fertility Centre.

I hereby give permission to City Fertility Centre Melbourne to forward this application to Child Protection Services.

I understand that a statement regarding the Child Protection Order Check will be directly forwarded to City Fertility Centre.

FULL NAME:		DOB: ___/___/___
ADDRESS:		
SIGNATURE		DATE: ___/___/___

WITNESS NAME:		
WITNESS SIGNATURE:		DATE: ___/___/___