# **REQUEST FOR A CHILD PROTECTION ORDER CHECK**

This form is to be completed by each person requesting a child protection order check under the *Assisted Reproductive Treatment Act 2008*. For further information contact your provider or visit www.health.vic.gov.au\art.

An 'Extra Details' sheet can be attached and must bear the applicant's name in the applicants name box.

Instructions: Use black ink and print within the boxes in BLOCK letters.

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## Applicant completing form:

Woman requesting treatment

Partner of woman requesting treatment

Commissioning parent

## Name and address of the clinic where treatment is being sought:

(for example Melbourne IVF or Monash IVF Richmond or Repromed) OR

Name and address of the treating doctor: (where treatment is not performed in a clinic)

## Applicant's legal name:

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#### Applicant's alternative, other or previous name/s:

(for example maiden name. Refer to the Guide for filling out the application form for clarification)

#### Applicant's details:

| Applicant 5 dot | uno. |   | <br> |  | <br> |        |   |   |  |
|-----------------|------|---|------|--|------|--------|---|---|--|
| Date of birth   |      | 1 | 1    |  |      | Gender | Μ | F |  |
| (dd/mm/yyyy)    |      |   |      |  |      |        |   |   |  |

## Applicant's addresses:

(include: unit type and number, level type and number, road numbers, road name, type and any suffix, locality name, state, postcode)

# Current residential address:

#### Previous addresses:

(Enter past five (5) years residential addresses, identifying the year the applicant left the address. Include interstate and overseas addresses.)

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## Children:

List any children that have ever been in the applicant's custody or guardianship, regardless of their current age. (Refer to the Guide for filling out the application form for clarification.)

| Name                          |   |   |        |     |  |
|-------------------------------|---|---|--------|-----|--|
|                               |   |   |        |     |  |
|                               |   |   |        |     |  |
| Date of birth<br>(dd/mm/yyyy) | 1 | / |        | M F |  |
|                               |   |   |        |     |  |
| Name                          |   |   |        |     |  |
|                               |   |   |        |     |  |
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| Date of birth<br>(dd/mm/yyyy) | / | / |        | M F |  |
| Name                          |   |   |        |     |  |
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| Date of birth<br>(dd/mm/yyyy) | / | / |        | M F |  |
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| Name                          |   |   |        |     |  |
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| Name                          |   |   |        |     |  |
|                               |   |   |        |     |  |
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| Date of birth<br>(dd/mm/yyyy) | / | / | Gender | M F |  |
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# Previous child protection orders:

Has a child in the applicant's custody or guardianship been subject to a *Custody to* Secretary <u>Order</u>, Custody to <u>Third Party Order</u> or Guardianship to Secretary Order?

Yes No

If yes, provide details on a separate page.

## **Declaration**:

I, the applicant, declare the information I have provided on this form is accurate and complete.

| A           |            |   |
|-------------|------------|---|
| Applicant's | signature: | _ |

Date: / /

## Other applicants:

(for example, applicant's husband, wife, partner or a commissioning parent)

# Applicant contact details (optional):

| Phone |  |  |  |  |  |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|--|--|--|
| Email |  |  |  |  |  |  |  |  |  |  |

## Have you:

Given your provider permission to undertake a child protection order check?

Completed all sections of this form?

Signed the declaration?

## Return this form to the clinic or doctor from whom you are seeking treatment.

Provider office use only

Applicant's CPOC Consent Form or permission for a check sighted?