



Adoption Jigsaw

A4 - ADOPTEE/FOSTER in ENGLAND OR WALES Membership Application

If adopted or fostered in the UK in order to obtain your original birth certificate and court documents you must attend a mandatory interview, our counsellor is licensed to conduct this interview. Please contact us if you are uncertain of the process. We encourage Perth people to attend our discussion groups, it is a great opportunity to share experiences and prepare for search.

JIGSAW FEES*

Jigsaw is a membership based not-for-profit organisation. To reduce administration costs we charge one fee regardless of the search and mediation work involved.

Membership entitles you to:

- Full Voting Rights
- Newsletter - Jigsaw Pieces published bi-monthly.
- Use of Jigsaw library
- Registration on our Contact Register
- Use of Jigsaw facilities for search

It is not possible to advise you regularly about the progress of your search or mediation, however you are welcome to contact us for an up date.

**payment of fees can be negotiated, please talk to us if you have difficulties.*

Membership Package - for first search/mediation

\$280
incl GST

This covers 12 months membership, search, preparation interview, outreach and interview for the found party if appropriate, ongoing phone consultation and support for all parties. Fees **DO NOT** cover the purchase of certificates.

Purchase of certificates- In order to search we usually have to purchase certificates eg marriage, death, birth. We will invoice you the amount we pay.

Please fill in - I authorise Jigsaw to spend up to \$..... over and above the membership cost and will reimburse on invoice. I wish to be contacted before incurring any costs above this figure.

Signed _____ Date _____

Additional Costs

Renew Annual Membership	\$40*
Counselling/Additional Interviews	\$50
Discussion Groups	\$ 5

2nd Search/Mediation— cost varies please discuss with us

Payment Details - Note that this application must be signed. You can post, fax or scan and email it to us. You can pay online via Paypal or Direct Deposit, remember to include your full name. Alternatively send your credit card details, cheque or money order together with this application. Cheques payable to Adoption Jigsaw.

Visa/Mastercard : _____ / _____ / _____ / _____ Expiry _____ Amount _____

Name on Card _____ Signature _____

DIRECT DEPOSIT - BankWest Leederville BSB - 306 058 A/C - 0515379

Contact Us:

McCall Centre, Adoption Jigsaw - 2A Curtin Ave. Cottesloe WA 6011 or PO Box 819. Cottesloe. WA 6911

Ph: (08) 9384 0222 Fax: (08) 9384 7192 Email: jigsaw@jigsaw.org.au Website: www.jigsaw.org.au

CURRENT DETAILS _____ Ms/Miss/Mrs/Mr/Dr _____ Male/Female

Surname _____ First name _____ Second Name _____

Address: _____ Postcode _____

State: _____ Country (if outside Australia) _____ Can we write to this address: **yes/no**

Ph: (H) _____ (Mob) _____ **Can we leave a message at these phone numbers yes/no**

(W) _____ (Email) - print _____

Perth Clients only - Can we send you a text or email reminder of Jigsaw event/support meetings? **yes/no**

Any special instructions in regards to contacting you _____

Have you had contact with any member of your birth family? yes/no - Who _____ When _____

For whom are you searching? _____

BIRTH DETAILS - NAMES AT THE TIME OF YOUR BIRTH (Fill in **ONLY** details you know for sure, otherwise leave blank)

Surname _____ First Name _____ Second Name _____

Date of Birth _____ Hospital _____ City _____ State _____

Adoptive Family

Mother—Surname _____ First name _____ Second _____

Father— Surname _____ First name _____ Second _____

BIRTH MOTHER Information at the time of your birth.

Surname _____ First name _____ Second _____

Address _____ Country _____

DOB _____ Age when you were born _____ Marital Status _____ Occupation _____

Her place of birth _____ Nationality _____ Current surname if known _____

Any other significant information _____

BIRTH FATHER Information at the time of your birth.

Surname _____ First name _____ Second _____

Address _____ State _____ P/C _____

DOB _____ Age when you were born _____ His place of birth _____

Nationality _____ Marital Status _____ Occupation _____

Does he know of the pregnancy/birth _____

Any other significant information _____

Office use only: Date _____ Amount _____ Rec _____ File _____ Comp _____

Adoption Jigsaw ~ PO Box 819 Cottesloe WA 6911 Ph: (08) 9384 0222

Adoption Documents:

Please attach **copies** of any birth or adoption documents that you have.

Do you have:

YOUR ORIGINAL birth certificate with your birth mothers name. **yes/no**. Comment _____

Information from the Court, Council or Agency holding your adoption file? **yes/no** _____

Searching

Have you conducted any search yourself.? Yes/No. If yes please include copies of any certificates you have obtained and a summary of your search (add paper if necessary).

Any significant information? _____

Do you know if other biological siblings were adopted or fostered? _____

IMPORTANT INFO: Close contact NOT living at your address that we can contact in the event you change contact details and do not notify us.

Name _____

Address _____ P/C _____ State _____

Ph: (H) _____ (W) _____ (mobile) _____

Email (please print) _____

Relationship to you? _____ Can we identify ourselves as Jigsaw ? **Yes/No**

Agreement—Please read carefully.

I (print your full name) _____ authorise Adoption Jigsaw to undertake search, contact and mediation services on my behalf. I authorise Adoption Jigsaw to receive on my behalf copies of all relevant certificates and/or information pertaining to myself and my relinquishing family.

I consent to Isabel Andrews (Licensed Mediator) sharing or receiving information with or from the relevant Adoption Agency and or State Government Department if deemed appropriate. Contact and Mediation involves sharing information with the found party, I take responsibility to specify what, if any, information is to be kept confidential from the found party.

I agree at all times to abide by the Constitution and By-Laws of Adoption Jigsaw WA Inc., and to act strictly within the law of the relevant Adoption Act.

In the event of my birth mother/father/family NOT wishing to have any contact with me, I assume full responsibility for any actions taken by me after Adoption Jigsaw has advised me that No Contact has been requested by my birth mother/father/family.

Any comment _____

Signature _____ Date _____

(A copy of the Constitution and By Laws will be posted to you on request). Note: This completed form together with copies of documents pertaining to your membership become the property of Adoption Jigsaw WA Inc.