



# Adoption Jigsaw

## BIRTH PARENT A5 - Membership Application For an adoption in the UK or Wales

**Under Section 98 of the Adoption and Children Act 2002 (England and Wales), birth relatives are able to request information, search and an outreach be made to the adopted adult. Only registered intermediary agencies in the UK can receive identifying information and do this work.**

**Most agencies charge fees for this service.**

**Birth relatives are required to attend an interview. Those living in Australia can nominate Jigsaw to provide this interview and write a report as needed by the agency. We can support you through the process and liaise with the agency but the law does not allow us to conduct the search and outreach on your behalf.**

### JIGSAW FEES\*

**\$150**

*incl GST*

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.*

### Initial Membership Package

This covers 12 months membership, mandatory interview, report and liaison with the UK agency.

### Additional Costs - if appropriate

**Mediation** (*covers ongoing mediation if required after contact*) \$70

Renew Annual Membership \$40\*

Counselling/Additional Interviews \$50

Discussion Groups \$ 5

### Perth clients - Consider coming to our support/discussion groups.

We have one just for mothers on the first Tuesday of the month and a general one every second month.

Phone us for more details. It's the best way to prepare.

**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) \_\_\_\_\_

(W) \_\_\_\_\_ (Email) - print \_\_\_\_\_

**Can we leave a  
message at these  
phone numbers  
yes/no****Perth Clients only**—Can we send you a text or email reminder of Jigsaw events/support meetings? **yes/no**

Any special instructions in regards to contacting you \_\_\_\_\_

For whom are you searching? \_\_\_\_\_

**BIRTH DETAILS - CHILD***(Fill in **ONLY** details you know for sure, otherwise leave blank)***ORIGINAL NAME:**

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Second Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Hospital \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**CURRENT NAME (if known)**

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Second Name \_\_\_\_\_

**Adoptive Family**

Mother—Surname \_\_\_\_\_ First name \_\_\_\_\_ Second \_\_\_\_\_

Father— Surname \_\_\_\_\_ First name \_\_\_\_\_ Second \_\_\_\_\_

**BIRTH MOTHER ~ At time of birth of child:**

Surname \_\_\_\_\_ First name \_\_\_\_\_ Second \_\_\_\_\_ DOB \_\_\_\_\_

Maiden name if different \_\_\_\_\_ Current Surname \_\_\_\_\_ Age when child born \_\_\_\_\_

Address at time of birth \_\_\_\_\_ State \_\_\_\_\_

Place of birth \_\_\_\_\_ Nationality \_\_\_\_\_ Marital Status at time of birth \_\_\_\_\_

Occupation at time of birth \_\_\_\_\_ Have you relinquished more than 1 child? Yes/No

Any other significant information \_\_\_\_\_

**BIRTH FATHER ~ Details at the time the child was born.**

Surname \_\_\_\_\_ First name \_\_\_\_\_ Second \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_

DOB \_\_\_\_\_ Age when child born \_\_\_\_\_ Place of birth \_\_\_\_\_

Nationality \_\_\_\_\_ Marital Status \_\_\_\_\_ Occupation \_\_\_\_\_

Does he know of the pregnancy/birth \_\_\_\_\_ Has he relinquished more than 1 child. Yes/No

Any other significant information \_\_\_\_\_

*Office use only:* Date \_\_\_\_\_ Amount \_\_\_\_\_ Rec \_\_\_\_\_ File \_\_\_\_\_

**Adoption:**

Do you know the name of the Court or agency that dealt with the adoption? **yes/no**

If yes - \_\_\_\_\_

What are the towns/areas you lived in at the time of the birth and adoption? \_\_\_\_\_

**Your ID Documents:**

Please supply copies of 3 identifying documents, this can include driver’s licence, passport, medicare card, bill etc

**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).

\_\_\_\_\_  
\_\_\_\_\_

**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 ISABEL ANDREWS (Licenced Mediator at Adoption Jigsaw) to undertake contact with the Intermediary agency on my behalf. I authorise ADOPTION JIGSAW to receive on my behalf copies of all relevant certificates pertaining to myself and my relinquished relative.

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. I authorise Adoption Jigsaw WA Inc., and any similar association through which it may work, to obtain information on my behalf.

In the event of the person contacted NOT wishing to have contact with me, I assume full responsibility for any actions taken by me after I have been advised that NO CONTACT has been requested.

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.

**Privacy Statement:** Adoption Jigsaw complies with the WA 2001 Privacy Act. All information collected is used only to assist in search and mediation with your birth family. Only staff and search volunteers can access this information.