



# Adoption Jigsaw

## A8 -Membership Application For an adult raised in Foster Care

### 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 one search/mediation

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.

**Additional Costs** - Occasionally there may be additional research costs and/or a large number of letters to write as we pursue your search. Interstate and mobile phone calls of length will also be charged to you. We will invoice you for any additional costs.

**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

**Perth clients** - Consider coming to our support/discussion groups on the second Tuesday of the month, check our web site or phone us for more details. It's the best way to prepare.

**\$250**  
*incl GST*

**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](mailto:jigsaw@jigsaw.org.au) Website: [www.jigsaw.org.au](http://www.jigsaw.org.au)

**YOUR DETAILS** - Ms/Miss/Mrs/Mr/Dr

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

DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Postcode \_\_\_\_\_

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

**Can we leave a message at these phone numbers  
yes/no**

Ph: (H) \_\_\_\_\_ (Mob) \_\_\_\_\_

(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 \_\_\_\_\_

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

Do you have contact with any members of your birth family? yes/no - Who \_\_\_\_\_

Were you a ward of the State? Yes/No Have you had any other names?

**BIRTH MOTHER** - Information at the time of your birth.

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

Current Name \_\_\_\_\_ Maiden Name \_\_\_\_\_ DOB \_\_\_\_\_

Age when you were born \_\_\_\_\_ Her place of birth \_\_\_\_\_ Marital Status at time of birth \_\_\_\_\_

Nationality \_\_\_\_\_ Occupation at time of birth \_\_\_\_\_

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 at time of your birth \_\_\_\_\_ Occupation \_\_\_\_\_

Does he know of the pregnancy/birth? Yes/not/not known Comment

**CIRCUMSTANCES** - please give a brief description of your story (add additional paper if necessary)

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

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

**Your Documents:**

**Current ID** - Please attach copies of 2 identifying documents, eg driver’s licence, passport, medicare card etc

If you were a ward of the state, have you applied for and/received:

- a) access to your ‘ward’ file from the Dept. for Child Protection or other state authority? **Yes/No**
- b) Do you have a copy of your full birth certificate **Yes/no**

**If no, the information on ward files may be distressing, we advise that you make an appointment to see our counsellor and discuss your situation first.**

Please attach photocopies (not the originals) of all relevant documentation, including your birth certificate.

**Searching** - What enquiries/searching have you undertaken?

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**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**

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

**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 and receiving information with or from the relevant 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.