



Adoption Jigsaw WA (Inc)

Jigsaw Centre 91 Hensman Road Subiaco Western Australia 6008
PO Box 403 Subiaco Western Australia 6904
Phone (08) 9388 1922 Fax (08) 9388 3364 ABN 12 451 584 318
E-Mail: jigsaw@jigsaw.org.au Web page: www.jigsaw.org.au

APPLICATION FOR MEMBERSHIP ADOPTEE

Membership entitles you to:-

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

Ω

Please telephone the Jigsaw Centre to discuss any special problems with fees.

Ω

It will not be possible to advise you regularly about the progress of your search, however you are welcome to telephone at any time for an up-to-date report.

JIGSAW FEES

Jigsaw is a membership based not-for-profit organisation and charges only what is necessary to cover the costs incurred. Payment of fees may be negotiated.

- ◆ **Membership Package** (full payment) **\$220***
(\$70 Mediation will be refunded if person not found)
- OR** - can be paid in two instalments
- ❖ **Initial Payment** (Covers membership, basic search cost, pre-mediation interview and outreach) **\$150***
- ❖ **Mediation** (Covers counselling for found party and ongoing mediation) **\$70***
- ◆ **Renew Annual membership** **\$35***
- ◆ **Counselling / Additional interviews** **\$50**
- ◆ **Discussion Groups** **\$5**

*Fees include GST

Search fees - Often we need to purchase various certificates (marriage, death and/or birth) in order to find a person. Certificates purchased on your behalf are NOT included in above fees, and we will invoice you the amount we pay. Each state has a different fee structure, ie: a 30 year marriage search in VIC is cheapest at \$25.80, and in some states a similar search would be up to \$100. Interstate and mobile phone calls of length will also be charged to you.

Please fill in the statement below:

I authorise Jigsaw to spend up to \$_____ (please nominate an amount) and will reimburse on invoice. I wish to be contacted before incurring any costs above this figure.

Signed _____

Date _____

Payment Details: You can pay with credit, cheque or money order. Cheques payable to Adoption Jigsaw

Mastercard | Visa | Bankcard | _____ -- _____ -- _____ -- _____ Expiry _____

Name on Card _____

Signature _____

Amount _____

OR DIRECT DEPOSIT TO - BankWest Leederville BSB - 306 058 A/c - 0515379.

Confidential Application for Membership - Adoptee

Name: Miss/Ms/Mrs/Mr _____

Address: _____ P/C _____

Telephone No: (H) _____ (W) _____

(Mob) _____ E-Mail _____

Can we leave a message at these phone numbers? _____

Can we write to this address? _____

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

For whom are you searching: _____

BIRTH DETAILS

(Fill in ONLY those details you know for sure otherwise leave blank)

Original Name of Adoptee _____

Date of Birth _____ Place of birth _____

DETAILS OF BIRTH MOTHER

Name at time of your birth _____ DOB _____

Current name (if known) _____

Address at time of birth _____

Place of birth _____ Age when you were born _____

Marital status at time of birth _____ Nationality _____

Occupation at time of birth _____ Religion _____

Health at time of birth (any known problems) _____

Any other significant facts? _____

DETAILS OF BIRTH FATHER

Name at time of your birth _____ DOB _____

Address at time of birth _____

Place of birth _____ Age when you were born _____

Marital status at time of birth _____ Nationality _____

Occupation at time of birth _____ Religion _____

Health at time of birth (any known problems) _____

Any other significant facts? _____

<i>Office Use Only:</i>	
Date _____	
Amount _____	
Card _____	
File _____	
Computer _____	

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.*

1. Have you applied for and/or received:
 - a) a copy of your original (pre-adoptive) birth certificate? YES/NO
 - b) court documents? YES/NO
 - c) non-identifying information? YES/NO

*Please attach photocopies (not the originals) of all documentation
If no, you will need to do so, contact us for details.*

2. What enquiries/searching have you undertaken _____

3. Have you been informed of any biological sisters/brothers who were also adopted or fostered?
If so, what do you know _____

4. Is there anything else we need to know? _____

Close contact NOT living at your address *(in case you move and fail to notify us or work away from home)*

Name _____

Address _____

Ph: Home _____ Work _____

Agreement

I, (Please print full name) _____ authorise ISABEL ANDREWS (Licenced Mediator at Adoption Jigsaw) to undertake contact and mediation services on my behalf. I authorise ADOPTION JIGSAW to receive on my behalf copies of all relevant certificates pertaining to myself and my relinquishing family.

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 Western Australian Adoption Act, 1994, or other relevant Acts, and authorise Adoption Jigsaw WA Inc., and any similar association through which it may work, to obtain information on my behalf.

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 WA. Inc., has advised me that NO CONTACT has been requested by my birth mother/father/relative(s).

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.*