



Adult raised in **FOSTER CARE**
JSC4 - Application for Search & Mediation Services

\$300 combined fee
For membership and SINGLE PARTY search

JIGSAW FEES*

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

Membership entitles you to:

- Newsletter - *Jigsaw Pieces* published bi-monthly
- Use of Jigsaw library
- Registration on our National Contact Register
- Use of Jigsaw facilities for search
- An opportunity to nominate for the Board of Management

Renew Annual Membership
\$50

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 update.

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

Membership Package - for single party search/mediation

This covers 12 months' Associate 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.

Authorisation

I authorise Jigsaw to spend up to \$..... over and above the membership cost and will reimburse on invoice. I wish to be contacted before any costs above this figure are incurred..

Signed _____ Date _____

Additional Costs

Counselling/Additional Interviews \$60

2nd Party Search/Mediation - plus current membership \$100

Note:
this application requires your signature. You can post, fax or scan and email it to us.

Payment Details - 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 to PO BOX 512 North Perth WA 6906. Make cheques payable to JIGSAW SEARCH & CONTACT.

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

Name on Card _____ Signature _____

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

DONATION: If you wish to make a tax deductible donation please add to the total amount.

CURRENT DETAILS

Ms/Miss/Mrs/Mr/Dr

Female /Male

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Surname _____ First Name _____ Second Name _____

Date Of Birth _____ Place of Birth _____

Address: _____ Postcode _____

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

Ph: (H) _____ (Mob) _____

(W) _____ (Email) _____

**Can we leave a message at these phone numbers
Yes/No**

Do you want to receive your newsletter (tick) :
electronically to above email address?
mail to above address?

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? _____

For whom are you searching? _____

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 _____

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/No/not known** Comment _____

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

Your Documents: Current ID - Please attach copies of 2 identifying documents,
eg driver's licence, passport, medicare card etc

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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?

IMPORTANT INFORMATION: 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: Jigsaw Search & Contact 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 n access this information.

Agreement—Please read carefully.

I (print your full name) _____ authorise Jigsaw Search & Contact to undertake search, contact and mediation services on my behalf. I authorise Jigsaw to receive on my behalf copies of all relevant certificates and/or information pertaining to myself and my biological family. I agree to Jigsaw sharing my information with volunteer researchers if deemed appropriate.

I consent to Isabel Andrews (Licensed Mediator) sharing and receiving information with or from the relevant Agency and 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 of Jigsaw Search & Contact Inc., and to act strictly within the law or the relevant 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 Jigsaw has advised me that No Contact has been requested by my birth mother/father/family.

Any comment _____

Signature _____ Date _____

Rules of Association are available on our website. Note: This completed form together with copies of documents pertaining to your membership become the property of Jigsaw Search & Contact Inc.