



Assisted Reproductive Treatment

Registration Application Form



Government
of South Australia

SA Health

Assisted Reproductive Treatment Registration Application Form

To provide assisted reproductive treatment (ART) in South Australia, a provider must be registered by the Minister for Health and Wellbeing. This is a requirement under the *Assisted Reproductive Treatment Act 1988* (the Act) (s5). Failure to do so attracts a maximum penalty of \$120,000.

The registration provisions in the Act and its Regulations set out the registration scheme, including provisions for:

- eligibility for registration (see below)
- mandatory conditions for registered ART providers
- the ART provider Register
- suspension or cancellation of registration
- removal from the Register
- reinstatement on the Register
- appeal process.

A copy of the Act and Regulations can be found at www.legislation.sa.gov.au.

To be eligible for registration, an applicant (a corporation¹) must satisfy the Minister:

- that the applicant, any directors/authorised officers and key personnel² are fit and proper persons to be registered to provide ART (*person* includes corporate entity for legal purposes)
- key personnel meet qualification requirements in accordance with the Reproductive Technology Accreditation Committee (RTAC) Code of Practice
- the applicant is accredited and licensed by RTAC. Please note: Any ART units/sites operating under the auspices of the registered ART provider are required to be RTAC accredited. Accredited sites will be noted on the ART provider's registration.

¹Corporation includes both incorporated and unincorporated entities.

²Key personnel include the Medical Director, Scientific Director, Nurse Manager and Senior Counsellor.

This application form needs to be completed and signed by the applicant/s, directors/authorised officers and key personnel. Once completed, the application form, together with all supporting documentation, should be sent to:

The Minister for Health and Wellbeing
Attention: Policy and Legislation
Assisted Reproductive Treatment
Level 10, PO Box 287
Rundle Mall
ADELAIDE SA 5000

Please note: Processing of the application may take up to 3 months from the date of receipt.

Once the Minister for Health and Wellbeing has approved the registration a 'Notice of Acceptance' will be sent to the applicant which is required to be completed, signed and returned to the Minister. This *Notice of Acceptance* means that the applicant agrees to:

- comply with the Act, the Regulations and any conditions imposed on the registration
- be RTAC accredited and maintain such accreditation
- comply with the National Health and Medical Research Council's *Ethical Guidelines on the use of assisted reproductive treatment in clinical practice and research*.

If you have any questions or would like further information please contact:

Policy and Legislation on telephone (08) 8226 6963 or email: HealthPolicyLegislation@sa.gov.au
Subject line: Assisted Reproductive Treatment

www.health.sa.gov.au/art

***Please note: all details entered in fields denoted by an asterisk will be publicly**

Assisted Reproductive Treatment Provider Details

Please note that only a corporate entity (pursuant to the s57A, Corporations Act 2001) is eligible to register as an ART Provider

Corporate entity*:.....

The business will be known as*:

ACN: or ARBN: or ABN:

General Manager/CEO:.....

Directors/Authorised Officers:.....

.....

(See page six for further details required in relation to directors/authorised officers.)

Street Address*:.....

.....

Suburb*: State*: Postcode*:... ..

If you provide ART services from more than one site, you will need to provide a full list of the names and addresses of each site from which you intend to provide services (see page four).

Phone*: () Facsimile*:

Email*:

Website URL*:.....

Contact Person (A person who has authority to speak to SA Health on behalf of the applicant)

First name:..... Surname:

Ph:() Mobile:

Email:

Postal Address (if different from above)

Address:

.....

Suburb: State: Postcode:

Site Address:

Site 1*

Name*:.....

Street Address*:.....

.....

Suburb*: State*: Postcode*:... ..

Phone*: () Facsimile*:

Email*:

Site 2*

Name*:.....

Street Address*:.....

.....

Suburb*: State*: Postcode*:... ..

Phone*: () Facsimile*:

Email*:

Site 3*

Name*:.....

Street Address*:.....

.....

Suburb*: State*: Postcode*:... ..

Phone*: () Facsimile*:

Email*:

Director/Authorised Officer #1

Please Print

Title: First Name: Surname:

Position:

Address:

.....

Suburb: State: Postcode:

Phone: () Mobile:

Email: Facsimile:

Please circle the appropriate answer and provide detail if required

1) Have you ever been convicted of a criminal offence or fraudulent activity? Yes / No

If yes, please provide details:.....

.....

2) Are you a current, or have you ever been declared, bankrupt? Yes / No

If yes, please provide details:.....

.....

3) Have you ever been convicted of contravening any ART legislation? Yes / No

If yes, please provide details:.....

.....

4) Have you ever been refused national RTAC accreditation or had your accreditation suspended, cancelled or revoked? Yes / No

If yes, please provide details:.....

.....

5) Have you any record of professional disciplinary problems or breach of any Code of Ethics/Conduct? Yes / No

If yes, please provide details:.....

.....

6) Have you ever had your professional registration suspended, cancelled or revoked? Yes / No

If yes, please provide details:.....

.....

Please attach a copy of your current CV including 3 references attesting to your character.

I certify that, to the best of my knowledge and belief, the above information given in and attached to this application is current, true and correct.

Signature

_____/_____/_____
Date

Director/Authorised Officer #2

Please Print

Title: First Name: Surname:

Position:

Address:

.....

Suburb: State: Postcode:

Phone: () Mobile:

Email: Facsimile:

Please circle the appropriate answer and provide detail if required

1) Have you ever been convicted of a criminal offence or fraudulent activity? Yes / No

2) Are you a current, or have you ever been declared, bankrupt? Yes / No

If yes, please provide details:.....

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3) Have you ever been convicted of contravening any ART legislation? Yes / No

If yes, please provide details:.....

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4) Have you ever been refused national RTAC accreditation or had your accreditation suspended, cancelled or revoked? Yes / No

If yes, please provide details:.....

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5) Have you any record of professional disciplinary problems or breach of any Code of Ethics/Conduct? Yes / No

If yes, please provide details:.....

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6) Have you ever had your professional registration suspended, cancelled or revoked? Yes / No

If yes, please provide details:.....

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I certify that, to the best of my knowledge and belief, the above information given in and attached to this application is current, true and correct.

Signature

____ / ____ / ____
Date

Director/Authorised Officer #3

Please Print

Title: First Name: Surname:

Position:

Address:

.....

Suburb: State: Postcode:

Phone: () Mobile:

Email: Facsimile:

Please circle the appropriate answer and provide detail if required

1) Have you ever been convicted of a criminal offence or fraudulent activity? Yes / No

If yes, please provide details:.....

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2) Are you a current, or have you ever been declared, bankrupt? Yes / No

If yes, please provide details:.....

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If yes, please provide details:.....

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I certify that, to the best of my knowledge and belief, the above information given in and attached to this application is current, true and correct.

Signature

____ / ____ / ____
Date

Key Personnel

(as required by RTAC)

The Reproductive Technology Accreditation Committee (RTAC) requires that the ART provider must have access to key personnel (Guide 65, clause 5) who have expertise and experience in medical, scientific/research, nursing, and counselling.

Medical Director

Please Print

Title*: First Name*: Surname*:

Address:

.....

Suburb: State: Postcode:

Phone: () Mobile:

Email: Facsimile:

Please circle the appropriate answer and provide detail if required

1) Have you ever been convicted of a criminal offence or fraudulent activity? Yes / No

If yes, please provide details:.....

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If yes, please provide details:.....

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If yes, please provide details:.....

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5) Have you any record of professional disciplinary problems or breach of any Code of Ethics/Conduct? Yes / No

If yes, please provide details:.....

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6) Have you ever had your professional registration suspended, cancelled or revoked? Yes / No

If yes, please provide details:.....

.....

Please attach a copy of your current CV including 3 references attesting to your character.

I certify that, to the best of my knowledge and belief, the above information is current, true and correct.

Signature

____/____/____
Date

Scientific Director

Please Print

Title*: First Name*: Surname*:

Address:

.....

Suburb: State: Postcode:

Phone: () Mobile:

Email: Facsimile:

Please circle the appropriate answer and provide detail if required

1) Have you ever been convicted of a criminal offence or fraudulent activity? Yes / No

If yes, please provide details:.....

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2) Are you a current, or have you ever been declared, bankrupt? Yes / No

If yes, please provide details:.....

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3) Have you ever been convicted of contravening any ART legislation? Yes / No

If yes, please provide details:.....

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If yes, please provide details:.....

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Please attach a copy of your current CV including 3 references attesting to your character.

I certify that, to the best of my knowledge and belief, the above information is current, true and correct.

Signature

____ / ____ / ____
Date

Nurse Manager

Please Print

Title*: First Name*: Surname*:

Address:

.....

Suburb: State: Postcode:

Phone: () Mobile:

Email: Facsimile:

Please circle the appropriate answer and provide detail if required

1) Have you ever been convicted of a criminal offence or fraudulent activity? Yes / No

If yes, please provide details:.....

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2) Are you a current, or have you ever been declared, bankrupt? Yes / No

If yes, please provide details:.....

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If yes, please provide details:.....

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If yes, please provide details:.....

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Please attach a copy of your current CV including 3 references attesting to your character.

I certify that, to the best of my knowledge and belief, the above information is current, true and correct.

Signature

____ / ____ / ____
Date

Senior Counsellor

Please Print

Title*: First Name*: Surname*:

Address:

.....

Suburb: State: Postcode:

Phone: () Mobile:

Email: Facsimile:

Please circle the appropriate answer and provide detail if required

1) Have you ever been convicted of a criminal offence or fraudulent activity? Yes / No

If yes, please provide details:.....

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2) Are you a current, or have you ever been declared, bankrupt? Yes / No

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If yes, please provide details:.....

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Please attach a copy of your current CV including 3 references attesting to your character.

I certify that, to the best of my knowledge and belief, the above information is current, true and correct.

Signature

____ / ____ / ____
Date

Accreditation

In order to be eligible for registration, an applicant is required to be RTAC accredited, as are any sites from which an ART provider operates in South Australia. Laboratories are also required to be NATA accredited.

RTAC Accreditation Yes/No* **Date:**/...../.....

Expiry date*:/...../.....

Please attach accreditation reports for all sites providing ART.

NATA (National Association of Testing Authorities) Yes/No **Date:**...../...../.....
Accreditation

Expiry date:/...../.....

Please attach accreditation reports for all sites providing ART.

Any other relevant accreditation eg. ISO (International Standards Organisations), ACHS (Australian Council of Healthcare Standards). ***Please attach copies of accreditation reports/certificates***

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ART Service Provision

When do you intend to begin providing ART services in South Australia?

Day.....Month.....20.....

Do you intend to open additional facilities in South Australia within the next 12 months? Yes * No *If yes, please provide details below, including site locations and anticipated opening dates.

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