



# JSC4 - Membership Application For an adult raised in Foster Care

## JIGSAW FEES\*

**\$250**  
*incl GST*

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

### 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.

### 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

**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 \_\_\_\_\_

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.

### Additional Costs

Renew Annual Membership	\$40*
Counselling/Additional Interviews	\$50

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

**2nd Search/Mediation** - cost varies please discuss with us

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

### Contact Us:

Jigsaw Search & Contact - 176 Fitzgerald St. Perth WA 6000 or PO Box 512 North Perth. WA 6906  
**Ph:** (08) 9328 4000 **Fax:** (08) 9328 4111 **Email:** [jigsaw@jigsaw.org.au](mailto:jigsaw@jigsaw.org.au) **Website:** [www.jigsaw.org.au](http://www.jigsaw.org.au)

**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. Cheques payable to JIGSAW SEARCH & CONTACT.

Visa/Mastercard : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiry \_\_\_\_\_ Amount \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

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

**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

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

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

**Can we leave a  
message at these  
phone numbers  
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?

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 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:** 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) \_\_\_\_\_ authorize 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 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 \_\_\_\_\_

(A copy of the Constitution will be posted to you on request). Note: This completed form together with copies of documents pertaining to your membership become the property of Jigsaw Search & Contact Inc.