

Application for DNA Testing - Immigration

Case #

G

Received

Please print clearly and complete the information below. Please return this form along with payment.

Please attach a copy of the letter from The Department of Immigration and Citizenship (DIAC), the Australian High Commission, Embassy, or Consulate that has offered you the option of a DNA test.

Sponsor - Person in Australia requesting test

Family Name				Address			
Given Names				Suburb	Postcode	State	
Date of Birth (dd-mm-yy)		Male	Female	Contact number			

I, _____, give Genetic Technologies authority to release my information and DNA testing report to DIAC or the requesting Australian High Commission, Embassy, or Consulate.
Yes/No

Sponsor's Solicitor's Details (if applicable)

Name		
Address		
Suburb	Postcode	Telephone

Sponsor's Correspondence (if different from above)

Address		
Suburb	Postcode	State

I consent to giving a sample for DNA evaluation. I hereby verify the accuracy of the above information.

Signature of Sponsor, Parent/Guardian, or Child if over 18

Date

Please specify your preferred day, time & locality for sample collection. We will do our best to accommodate you.	Mon	Tue	Wed	Thur	11-1pm	2-4pm	Please Note: You must take a passport-size photograph of yourself, and child if applicable, to your appointment. DO NOT send your photographs back with this form. In addition, an Affidavit will be sent to you with your appointment details, and this will need to be signed on the day of your appointment.
	Town / Suburb / Locality						

Applicant One (1)

Family Name	
Given Names	
Date of Birth (dd-mm-yy)	Relationship to Sponsor

Address		
Suburb/Town	Provence	Country
Contact number (if applicable)		

Applicant Two (2)

Family Name	
Given Names	
Date of Birth (dd-mm-yy)	Relationship to Sponsor

Address		
Suburb/Town	Provence	Country
Contact number (if applicable)		

Please print clearly and complete the information below. Please return this form along with payment.

Applicant Three (3)

Family Name	
Given Names	
Date of Birth (dd-mm-yy)	Relationship to Sponsor

Address		
Suburb/Town	Provence	Country
Contact number (if applicable)		

Applicant Four (4)

Family Name	
Given Names	
Date of Birth (dd-mm-yy)	Relationship to Sponsor

Address		
Suburb/Town	Provence	Country
Contact number (if applicable)		

Applicant Five (5)

Family Name	
Given Names	
Date of Birth (dd-mm-yy)	Relationship to Sponsor

Address		
Suburb/Town	Provence	Country
Contact number (if applicable)		

I wish to pay by credit card <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	
Card No: _____	Expiry Date ___ / ___
Name as it appears on the card _____ Please debit my card the amount of \$ _____	
For security purposes - please turn your card over and write the last three digits of the number on the signature strip of your card ___ __	
Signature of card holder _____	Date _____
OR - I have enclosed my payment with this application <input type="checkbox"/> Money Order <input type="checkbox"/> Cheque	

<p>Collection & Disclosure of Information</p> <p>We comply with the Federal Privacy Act. The Information we collect about you is required for us to perform your test. The format of our report containing the results will vary depending on the type of tests performed and whether the report is prepared to comply with the Australian Family Law Act 1975. The report will contain all or some of the following information: your name, date of birth, date your sample was taken, who collected your sample, and your genetic profile. This information, together with your photograph, if supplied, will be provided to some or all of the following:</p> <ul style="list-style-type: none"> ~ All other parties to the test ~ Your solicitor if you are legally represented ~ The solicitor for any other party to the test, if these other parties are legally represented ~ The guardian or government agency acting on behalf of an individual being tested. This would normally be for children who are Wards of the State or people incapable of giving informed consent. ~ For testing requested by the Department of Immigration and Citizenship, a report will be sent to the High Commission, Embassy, or Consulate that requested the initial test be performed. <p>Your genetic profile will be de-identified and may be used for statistical purposes. If you do not want your genetic profile, or that of your child, to be used for this purpose, please tick here. <input type="checkbox"/></p>
