

Your consent to your partner being the legal parent

About this form

This form is produced by the Human Fertilisation and Embryology Authority (HFEA), the UK's independent regulator of fertility treatment and human embryo research. For more information about us, visit www.hfea.gov.uk.

Who should fill in this form?

Fill in this form if you are a woman and:

- you are receiving treatment using donor sperm, or embryos created outside the body (in vitro), with donor sperm, and
- you wish your partner to become the legal parent of any child born as a result of this treatment, and
- you are not married to, or in a civil partnership with, your partner.

What do I need to know before filling in this form?

Before you fill in this form you should be certain that your clinic has given you all the relevant information you need to make fully informed decisions. This includes:

- information about:
 - the different options set out in this form
 - the implications of giving your consent
 - the consequences of withdrawing this consent, and
 - how you can make changes to, or withdraw your consent.
- an opportunity to have counselling.

If you are unsure, or think that you have not been given all of this information, please speak to your clinic. There is a declaration at the end of this form which you must sign to confirm you have received this information. If you do not receive this information before filling in this form, your consent may be invalid.

If you are unable to complete this form because of physical illness, injury or disability, you may direct someone else to complete and sign it for you.

Why do I have to fill in this form?

By law (the Human Fertilisation and Embryology Act 2008), your partner can be the legal parent of any child born from your treatment – as long as both you and your partner give your written consent to this by completing this form. You must do this before sperm, egg or embryo transfer.

When filling in this form, make sure you sign the declaration on every page to confirm that you have read the page and fully agree with the consent and information given. When you have completed the form you may request a copy of it from your clinic.

1 About you

1.1	Your first name(s) <i>Place clinic sticker here</i> <input style="width: 100%; height: 20px;" type="text"/>
1.2	Your surname <input style="width: 100%; height: 20px;" type="text"/>
1.3	Your date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.4	Your NHS/CHI/passport number (please circle) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

For clinic use only (optional)

HFEA centre reference

Patient number assigned by clinic

Other relevant forms

2 About your partner

2.1 Your partner's first name(s)

Place clinic sticker here

2.2 Your partner's surname

2.3 Your partner's date of birth

2.4 Your partner's NHS/CHI/HCN/passport number (please circle)

3 Your consent

3.1 Your consent to your partner being the legal parent

Please tick the box next to the statement below to confirm your consent.

I consent to my partner (named in section two) being the legal parent of any child born from my treatment.

4 Declaration

Please sign and date the declaration

Your declaration

- I declare that I am the person named in section one of this form.
- I declare that:
 - before I completed this form I was given information about the options set out in this form and I was given an opportunity to have counselling
 - the implications of giving my consent, and the consequences of withdrawing this consent, have been fully explained to me, and
 - I understand that I can make changes to, or withdraw, my consent at any time until the eggs, sperm, or embryos have been transferred.
- I declare that the information I have given on this form is correct and complete.
- I consent to the clinic (or any subsequent HFEA-licensed clinic that may become involved in my treatment, or a data controller – as defined in section one of the Data Protection Act 1998) using the information on this form in the process of providing licensed activities (in accordance with the provisions of the Human Fertilisation and Embryology Act 1990 (as amended)), or for record storage and archiving purposes.

Your signature

Date

▶▶▶▶ Continues on the next page

If signing at the direction of the person consenting

If you have completed this form at the direction of the person consenting (because she is unable to sign for herself due to physical illness, injury or disability), you must sign and date below. There must also be a witness confirming that the person consenting is present when you sign the form.

Representative's declaration

I declare that the person named in section one of this form is present at the time of signing this form and I am signing it in accordance with her direction as a record of her consent.

Representative's name**Representative's signature****Relationship to the person consenting****Date****Witness's name****Witness's signature****Date**