

Ethics Committee on Assisted Reproductive Technology Application Form for Ethics Approval of Surrogacy Arrangements involving Providers of Fertility Services

Please note:

- All sections of the application are to be word processed - the text boxes for answers will expand as you type.
- All headings are to be included in your application. If you consider a section or part of a section does not apply to your application, please explain why.
- The final report date of each section (medical, legal, and counselling) must not be more than six months prior to the date of application submission to ECART.
- Additional relevant information that the headings do not allow for may be appended.
- Do not include personal identifying information about the involved parties. Please refer to the intending mother as IM, the IM's partner as IP, the birth mother as BM, and the BM's partner as BP.

Completed applications are to be sent to:

Secretariat
Ethics Committee on Assisted Reproductive Technology
PO Box 5013
WELLINGTON

Information for Applicants

ECART advises applicants to read the *Guidelines on Surrogacy Arrangements involving Providers of Fertility Service*, which are located at: www.ecart.health.govt.nz

Ethics Committee on Assisted Reproductive Technology Application Form for Ethics Approval of Surrogacy Arrangements involving Providers of Fertility Services

SECTION 1: Declaration by Person Responsible

Executive summary and authorisation by the “nominated person” as defined by sections 18(1) (d) and 20(1) of the HART Act 2004. This would generally be the director of the medical practice.

- 1.1 Name:
Designation:
Clinic:
Address:
E-mail:

1.2 Clinic Reference Number/s:

- 1.3 Executive summary of application to include:
- A descriptive summary of the application; and
 - Important ethical, medical, legal, cultural or psycho-social issues; and
 - Risks that are specific to those involved in this application.

(Note: Limited to 250 words)

1.4 I enclose all the following information with this application:

CHECKLIST – Mark with an ‘X’ ▶	
• Section 1: Declaration by Person Responsible	<input type="checkbox"/>
• Section 2A: Report by medical specialist for IM and IP	<input type="checkbox"/>
• Question 2A.6: Letter from other treating medical specialists	<input type="checkbox"/>
• Section 2B: Report by medical specialist for BM and BP	<input type="checkbox"/>
• Section 3A: Report by counsellor for IM and IP	<input type="checkbox"/>
• Question 3A.5(q): Letter from CYFS	<input type="checkbox"/>
• Question 3A.9: Letter/s from IM and/or IP	<input type="checkbox"/>
• Section 3B: Report by counsellor for BM and BP	<input type="checkbox"/>
• Question 3B.9: Letter/s from BM and/or BP	<input type="checkbox"/>
• Section 3C: Joint counselling report for IM, IP, BM and BP	<input type="checkbox"/>
• Section 4A: Report by legal adviser for IM and IP	<input type="checkbox"/>
• Section 4B: Report by legal adviser for BM and BP	<input type="checkbox"/>
• Section 5: Statement from Key Person under 3A.8 and/or 3B.8	<input type="checkbox"/>
• Other	<input type="checkbox"/>

Please read and sign this declaration:

I have checked all the information included in this application and it is, to the best of my knowledge and belief, accurate.

I agree that these patients will be treated in accordance with the Code of Practice for Assisted Reproductive Technology Units or, when it comes into effect, the current New Zealand Standard *Fertility Services*.

I acknowledge that counselling will be available to all parties before and after pregnancy is achieved.

I am making available to IM and IP the relevant sections of the application (1, 2A, 3A, 3C and 4A) and if they advise of significant alterations or additions, I will inform ECART prior to ethical review.

I am making available to BM and BP the relevant sections of the application (1, 2B, 3B, 3C and 4B) and if they advise of significant alterations or additions, I will inform ECART prior to ethical review.

I agree to provide to ECART on an at least annual basis, the outcome of this application (if approved) until the treatment covered by this application is complete or discontinued, and to advise ECART immediately of any serious adverse outcomes.

Signature of nominated person:

Date:

The information requested in this application is for the purposes of the Ethics Committee on Assisted Reproductive Technology, which is considering your application for ethics approval. The Committee will endeavour to maintain confidentiality of this information in accordance with the Privacy Act 1993. This may result in disclosure of information for a purpose or a directly related purpose with which this application is concerned but is limited in terms of the Official Information Act 1984.

Ethics Committee on Assisted Reproductive Technology Application Form for Ethics Approval of Surrogacy Arrangements involving Providers of Fertility Services

SECTION 2A: Report by medical specialist for IM and IP

Note: This section is to be filled in by IM and IP’s medical specialist who must be independent from BM and BP’s medical specialist.

Please note:

- All sections of the application are to be word processed - the text boxes for answers will expand as you type.
- All headings are to be included in your application. If you consider a section or part of a section does not apply to your application, please explain why.
- The final report date of each section (medical, legal, and counselling) must not be more than six months prior to the date of application submission to ECART.
- Additional relevant information that the headings do not allow for may be appended.
- Do not include personal identifying information about the involved parties. Please refer to the intended mother as IM, the IM’s partner as IP, the birth mother as BM, and the BM’s partner as BP.

2A.1 Name of Specialist:

Address:

E-mail:

2A.2 Give the location and dates of meetings with the intending parents.

2A.3 Give the location and dates of meetings with other medical specialists if applicable.

2A.4 Provide background information on the intending parents.

	IM	IP
Age		
Ethnicity (including iwi affiliations)		
Nationality		
Number and age of children		

2A.5 Are the IM and IP both living permanently in New Zealand?

Yes No

If the parties are not living permanently in New Zealand, please explain why treatment is being sought in New Zealand:

(Note: ECART must take into account whether the residency of the parties safeguards the wellbeing of all parties and especially any resulting child.)

2A.6 Provide the medical history for the IM, including details of the medical condition and/or treatments that have resulted in surrogacy being the preferred management option.

If the IM has had a serious health condition, please detail the information or attach a letter from her treating medical specialist (with identifying information removed) in support of this application.

(Note: The *Guidelines* require that the IM has:

- (i) A medical condition that prevents pregnancy or makes pregnancy potentially damaging to her and/or the resulting child; or**
- (ii) A medical diagnosis of unexplained infertility that has not responded to other treatments.)**

2A.7 Provide the relevant medical history for the IP.

2A.8 Will the intending parents use their own gametes?

Yes No

If no, please indicate whose gametes will be used and the reasons for this.

(Note: The *Guidelines* require that at least one of the intending parents will be the resulting child's genetic parent.)

2A.9 Describe any significant medical risks to the IM and/or IP associated with this surrogacy and the measures recommended to minimise these risks.

2A.10 Outline what you consider to be any psycho-social issues for IM and IP relating to the preferred treatment. Explain how these psycho-social issues have been addressed.

2A.11 Under principles (f) and (g) of the HART Act, comment on how the different ethical, spiritual, and cultural perspectives in society, including the needs, values, and beliefs of Maori, will be considered and treated.

2A.12 Provide any other comment and information about the IM and IP that you consider relevant to this application.

Declaration

The information supplied in this section is, to the best of my knowledge and belief, accurate.

Signature of Medical Specialist for IM and IP: _____

Date: _____

Ethics Committee on Assisted Reproductive Technology Application Form for Ethics Approval of Surrogacy Arrangements involving Providers of Fertility Services

Section 2B: Report by medical specialist for BM and BP

Note: This section is to be filled in by BM's medical specialist who must be independent from the IM and IP's medical specialist.

Please note:

- All sections of the application are to be word processed - the text boxes for answers will expand as you type.
- All headings are to be included in your application. If you consider a section or part of a section does not apply to your application, please explain why.
- The final report date of each section (medical, legal, and counselling) must not be more than six months prior to the date of application submission to ECART.
- Additional relevant information that the headings do not allow for may be appended.
- Do not include personal identifying information about the involved parties. Please refer to the intending mother as IM, the IM's partner as IP, the birth mother as BM, and the BM's partner as BP.

2B.1 Name of Specialist:

Address:

E-mail:

2B.2 Give the location and dates of meetings with the proposed birth parents.

2B.3 Give the location and dates of meetings with other medical specialists if applicable.

2B.4 Provide background information on the BM and her partner (BP) (if she has one).

	BM	BP
Age		
Ethnicity (including iwi affiliations)		
Nationality		
Number and age of children		

2B.5 Are the BM and BP both living permanently in New Zealand?

Yes No

If the parties are not living permanently in New Zealand, please explain why treatment is being sought in New Zealand:

(Note: ECART must take into account whether the residency of the parties safeguards the wellbeing of all parties and especially any resulting child.)

2B.6 Under principle (c) of the HART Act, provide the medical history for the BM, including previous obstetric and post-natal history.

If the BM has had a significant health condition, please detail the information or attach a letter from an appropriate medical specialist (with identifying information removed) in support of this application.

(Note: ECART expects this section to address risks particular to the BM, e.g. caesarean section.)

2B.7 Describe any significant risks to the BM and/or BP associated with this surrogacy and the measures recommended to minimise these risks, including a multiple pregnancy.

2B.8 Has the BM completed her family?

Yes No

If no, please comment.

(Note: The *Guidelines* state that ECART must take account of whether the intending surrogate has completed her family.)

2B.9 Under principles (a) (b) (c) and (e) of the HART Act, ECART expects that the BM and her partner will ensure that they do not conceive their own child during treatment. State how this will be achieved:

2B.10 Outline what you consider to be any psycho-social issues involved for the BM and BP relating to the preferred treatment. Explain how these psycho-social issues have been addressed.

2B.11 Under principles (f) and (g) of the HART Act, comment on how the different ethical, spiritual, and cultural perspectives in society, including the needs, values, and beliefs of Maori, will be considered and treated.

2B.12 Provide any other comment and information about BM and BP you consider is relevant to this application.

Declaration

The information supplied in this section is, to the best of my knowledge and belief, accurate.

Signature of Medical Specialist for BM and BP: _____

Date: _____

Ethics Committee on Assisted Reproductive Technology Application Form for Ethics Approval of Surrogacy Arrangements involving Providers of Fertility Services

Section 3 A: Report by counsellor for IM and IP

Note: This section is to be filled in by IM and IP's counsellor who must be independent from BM and BP's counsellor.

Please note:

- All sections of the application are to be word processed - the text boxes for answers will expand as you type.
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- The final report date of each section (medical, legal, and counselling) must not be more than six months prior to the date of application submission to ECART.
- Additional relevant information that the headings do not allow for may be appended.
- Do not include personal identifying information about the involved parties. Please refer to the intending mother as IM, the IM's partner as IP, the birth mother as BM, and the BM's partner as BP.

3A.1 Name of counsellor:

Address:

E-mail:

Telephone:

3A.2 Give the location and date of counselling, and who was present at the session.

3A.3 ECART prefers for counselling to be undertaken in face to face meetings. Please explain the circumstances where this has not always occurred.

3A.4 Please comment on the interval between the counselling sessions in relation to the opportunity for adequate time to consider all the issues.

3A.5 With particular reference to the implications for any resulting child, the BM and the intending parents (under principles (a) (b) and (c) of the HART Act), provide details of

the counselling session with the intending parents' family group, using the following headings:

- (a) the social history of the IM including significant life experiences.

- (b) the social history of the IP including significant life experiences.

- (c) the relationship between the intending parents and the BM, including the length of time they have known each other, and with particular concern for any resulting child's wellbeing, ongoing contact with the BM, and future access to information about their genetic origins.

- (d) the needs of any resulting child from the surrogacy arrangement, in particular, their need for information about their genetic origins and the ability to access information about those origins under principle (e) of the HART Act and possible contact with the BM in the future.

- (e) information for any resulting child on the BM, including her family and pregnancy.

- (f) the views of both parties in the event of an unplanned multiple pregnancy including the risks to any resulting child, and to the BM, and the intending parents.

- (g) the discussion and understanding between the parties over the BM's management of her pregnancy.

- (h) the provision for the inclusion of any existing children in counselling. Provide details of counselling undertaken, or where this has not occurred, please comment on the reasons why.

- (i) the provision of whanau/extended family involvement in counselling.

- (j) particular life experiences (for example, psychiatric problems, substance/physical/sexual abuse, criminal history) which may predispose any of the persons to risk when moving into a new situation, or which may pose a risk to any resulting child.

- (k) the possibility of legal termination by the BM.

- (l) the possibility of the BM deciding against a termination if, for example, foetal abnormalities are diagnosed, and the subsequent care of any resulting child.

- (m) the possibility of a breakdown in the arrangement, for example, if the prospective BM wishes to keep the child, or the intending parents do not wish to take guardianship of or adopt any resulting child.

- (n) the risk of rejection of any resulting child for any reason, for example, if the child is born with a disability or abnormality.

- (o) a process for the resolution of disputes, for example, about the guardianship and care arrangements for the resulting child.

- (p) the possibility of involvement with the media in relation to the surrogacy arrangement, and the impacts on all parties including any resulting child.

- (q) Do the intending parents meet the requirements for adoption, e.g. approval by CYF?

Yes No

If yes, outline the intending parents' understanding of CYF requirements and how they intend to meet these requirements. Please detail the substantiating information or attach a letter from CYF reporting on the outcome of this meeting with identifying information removed.

If no, outline the declared intentions between the parties for the day-to-day care and guardianship of any resulting child.

- 3A.6 In your professional opinion, please outline what you consider to be the specific ethical and psycho-social issues involved for the IM and IP (and if appropriate their family group), including any potential conflicts of interest and risks to all persons involved including any resulting child. Explain how these ethical and psycho-social issues have been addressed.

- 3A.7 How have you ensured the counselling has been culturally appropriate?

3A.8 Where a party/ies is Maori, please advise how whakapapa, and the needs, values and beliefs of Maori, have been considered and managed.

(Note: A statement from a key person (e.g. Whanau member, kaumatua, Maori counsellor) may be attached as Section 5.)

3A.9 Provide any other comment and information about the IM and IP you consider is relevant to this application. A letter from the IM and/or IP may be attached.

Declaration

The information supplied in this section is, to the best of my knowledge and belief, accurate.

Signature of counsellor for IM and IP: _____

Date: _____

Ethics Committee on Assisted Reproductive Technology Application Form for Ethics Approval of Surrogacy Arrangements involving Providers of Fertility Services

Section 3B: Report by counsellor for BM and BP

Note: This section is to be filled in by BM and BP's counsellor who must be independent from IM and IP's counsellor.

Please note:

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3B.1 Name of counsellor:

Address:

E-mail:

Telephone:

3B.2 Give the location and date of counselling, and who was present at the session.

3B.3 ECART prefers for counselling to be undertaken in face to face meetings. Please explain the circumstances where this has not always occurred.

3B.4 Please comment on the interval between the counselling sessions in relation to the opportunity for adequate time to consider all the issues.

3B.5 With particular reference to the implications for any resulting child, the BM and the intending parents (under principles (a) (b) and (c) of the HART Act), provide details of

the counselling session with the birth mother's family group, using the following headings:

- (a) the social history of the BM including significant life experiences.

- (b) the social history of the BP including significant life experiences.

- (c) the relationship between the intending parents and the BM, including the length of time they have known each other, and with particular concern for any resulting child's wellbeing, ongoing contact with the BM, and future access to information about their genetic origins.

- (d) the needs of any children resulting from the surrogacy arrangement, in particular, their need for information about their genetic origins and the ability to access information about those origins under principle (e) of the HART Act and possible contact with the birth mother in the future.

- (e) information for the resulting child on the BM, including her family and pregnancy.

- (f) the views of both parties in the event of an unplanned multiple pregnancy, including the risks to the resulting child, the BM, and the intending parents.

- (g) the discussion and understanding between the parties over the BM's management of her pregnancy.

- (h) the provision for the inclusion of any existing children in counselling. Provide details of counselling undertaken or where this has not occurred, please comment on the reasons why.

- (i) the provision of whanau/extended family involvement in counselling.

- (j) particular life experiences (for example, psychiatric problems, substance/physical/sexual abuse, criminal history) which may predispose any of the parties to risk when moving into a new situation, or which may pose a risk to any resulting child.

- (k) the possibility of legal termination by the BM.

- (l) the possibility of the BM deciding against a termination if, for example, foetal abnormalities are diagnosed, and the subsequent care of any resulting child.

- (m) the possibility of a breakdown in the arrangement, for example, if the BM wishes to keep the child, or the intending parents do not wish to take guardianship of or adopt any resulting child.

- (n) the risk of rejection of any resulting child for any reason, for example, if the child is born with a disability or abnormality.

- (o) a process for the resolution of disputes, for example, about the guardianship and care arrangements for any resulting child.

- (p) the involvement with the media in relation to the surrogacy arrangement, and the impacts on all parties including any resulting child.

- 3B.6 In your professional opinion, please outline what you consider to be the specific ethical and psycho-social issues involved for the BM and BP (and if appropriate their family group), including any potential conflicts of interest and risks to all persons involved including any resulting child. Explain how these ethical and psycho-social issues have been addressed.

- 3B.7 How have you ensured the counselling has been culturally appropriate?

- 3B.8 Where a party/ies is Maori, please advise how whakapapa, and the needs, values and beliefs of the parties, have been considered and managed.

(Note: A statement from a key person (e.g. Whanau member, kaumatua, Maori counsellor) may be attached as Section 5.)

- 3B.9 Provide any other comment and information about the BM and BP you consider is relevant to this application. A letter from the BM and/or BP may be attached.

Declaration

The information supplied in this section is, to the best of my knowledge and belief, accurate.

Signature of counsellor for BM and BP: _____

Date: _____

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Section 3C: Joint counselling report for IM, IP, BM and BP

Note: The joint counselling session is to be undertaken with the counsellors for each party present.

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3C.1 Give the location and date of counselling, and who was present at the session.

3C.2 ECART prefers for counselling to be undertaken in face to face meetings. Please explain the circumstances where this has not always occurred.

3C.3 Please comment on the interval between the individual and joint counselling sessions in relation to the opportunity for adequate time to consider all the issues.

3C.4 With particular reference to the implications for any resulting child, the BM and the intending parents (under principles (a) (b) and (c) of the HART Act), provide details of the counselling session, using the following headings:

- (a) the issues and implications of the surrogacy arrangement for all parties involved, including any resulting child.

- (b) the discussion, understanding, and declared intentions between the parties about the day-to-day care, guardianship, and adoption of any resulting child, and any ongoing contact.

- (c) possible external attitudes towards the arrangement.

- (d) the needs of any children resulting from the arrangement and in particular, their need for information and possible contact with the BM under principle (e) of the HART Act.

- (e) the counsellors' observations of the relationship between the intending parents and the BM and BP, including power relationships/evidence of coercion.

- (f) the parties' understanding of each other's needs and their interactions with each other, with particular reference, under principle (d) of the HART Act, to the need for informed consent to participate in the surrogacy arrangement, and whether the relationship safeguards the wellbeing of all parties and any resulting child.

- (g) a process for the resolution of any disputes that arise.

- (h) any issues that have arisen in individual counselling sessions, including agreed resolutions or areas of disagreement that have not been resolved.

Declaration

The information supplied in this section is, to the best of my knowledge and belief, accurate.

Signature of counsellor for IM and IP: _____

Date: _____

Signature of counsellor for BM and BP: _____

Date: _____

Ethics Committee on Assisted Reproductive Technology Application Form for Ethics Approval of Surrogacy Arrangements involving Providers of Fertility Services

SECTION 4A: Report by legal adviser for IM and IP

Note: This section is to be filled in by IM and IP's legal advisor who must be independent from BM and BP's legal advisor.

Please note:

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- Do not include personal identifying information about the involved parties. Please refer to the intending mother as IM, the IM's partner as IP, the birth mother as BM, and the BM's partner as BP.

4A.1 Name of legal adviser:

Address:

E-mail:

Telephone:

4A.2 Give the location and date of the meeting with the intending parents.

4A.3 Provide details of the information given and the intending parents' understanding of the legal aspects of surrogacy arrangements, using the following headings:

(a) Surrogacy arrangements are legally unenforceable.

(b) The resulting child will legally be the child of the birth mother and her partner.

(c) New Zealand has specific procedures and requirements relating to the day-to-day care of children (e.g. guardianship, care arrangements and adoption).

(d) Outline the discussion, understanding, and declared intentions between the parties about the day-to-day care, guardianship, and adoption of any resulting child.

(Note: The *Guidelines* require that ECART must determine that there has been discussion, understanding, and declared intentions between the parties about the day-to-day care, guardianship, and adoption of any resulting child.)

(e) Payment of costs relating to surrogacy must comply with section 14 of the HART Act 2004. Please outline the discussion with IM and IP regarding any intended payments, ensuring it is clear what is permissible in terms of the HART Act.

(f) Processes for resolving any disputes that may arise.

(Note: A court might have to ultimately resolve disputes.)

(g) Provide comment and any further information you consider relevant to this application.

Declaration

The information supplied in this section is, to the best of my knowledge and belief, accurate.

Signature of legal adviser for IM and IP: _____

Date: _____

Ethics Committee on Assisted Reproductive Technology Application Form for Ethics Approval of Surrogacy Arrangements involving Providers of Fertility Services

Section 4B: Report by legal adviser for BM and BP

Note: This section is to be filled in by BM and BP's legal adviser who must be independent from IM and IP's legal advisor.

Please note:

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- All headings are to be included in your application. If you consider a section or part of a section does not apply to your application, please explain why.
- The final report date of each section (medical, legal, and counselling) must not be more than six months prior to the date of application submission to ECART.
- Additional relevant information that the headings do not allow for may be appended.
- Do not include personal identifying information about the involved parties. Please refer to the intending mother as IM, the IM's partner as IP, the birth mother as BM, and the BM's partner as BP.

4B.1 Name of legal adviser:

Address:

E-mail:

Telephone:

4B.2 Give the location and date of the meeting with the BM and BP.

4B.3 Provide details of the information given and the BM and BP's understanding of the legal aspects of surrogacy arrangements, using the following headings:

(a) Surrogacy arrangements are legally unenforceable.

(b) The resulting child will legally be the child of the birth mother and her partner.

(c) New Zealand has specific procedures and requirements relating to the day-to-day care of children (e.g. guardianship, care arrangements and adoption).

- (d) Outline the discussion, understanding, and declared intentions between the parties about the day-to-day care, guardianship, and adoption of any resulting child.

(Note: The *Guidelines* require that ECART must determine that there has been discussion, understanding, and declared intentions between the parties about the day-to-day care, guardianship, and adoption of any resulting child.)

- (e) Payment of costs relating to surrogacy must comply with section 14 of the HART Act 2004. Please outline the discussion with BM and BP regarding any intended payments, ensuring it is clear what is permissible in terms of the HART Act.

- (f) Processes for resolving any disputes that may arise.

(Note: A court might have to ultimately resolve disputes.)

- (g) The birth mother's consideration of additional life insurance during pregnancy and birth.

- (i) Provide comment and any further information you consider relevant to this application.

- (j) Discuss the legal implications of surrogacy arrangement for BM and BP including: inheritance, child support, consent to medical procedures on any resulting child and any other issues if adoption orders are not made or are pending.

Declaration

The information supplied in this section is, to the best of my knowledge and belief, accurate.

Signature of legal adviser for BM and BP: _____

Date: _____

**Ethics Committee on Assisted Reproductive Technology
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involving Providers of Fertility Services**

Section 5: Statement from Key Person under 3A.8 and/or 3B.8

Please note:

- This section is to be word processed - the text boxes for answers will expand as you type.
- Do not include personal identifying information. Please refer to the intending mother as IM, the IM's partner as IP, the birth mother as BM, and the BM's partner as BP.

5.1 Statement from the key person on how whakapapa, and the needs, values and beliefs of Maori, have been considered and managed.