

**STATEMENT OF PERSON QUALIFIED TO WITNESS A CONSENT  
(IMMEDIATELY BEFORE CONSENT IS SIGNED)**

(Where the child is 12 or more years of age)

**ADOPTION ACT 2000 (NSW) Section 62(2), 184 & 185  
ADOPTION REGULATION 2015 (NSW) Clause 81 & 82**

I, \_\_\_\_\_  
first middle name/s last  
(full legal name of person)

of \_\_\_\_\_  
(full address - number, street, suburb, state)

declare that:

1. I am a \_\_\_\_\_  
(Insert one of the following) - Delegate of the Secretary - Principal Officer Accredited Adoption Service (*and not the caseworker for the proposed adoptive parents*) - Independent Lawyer - Registered Counsellor. If signed outside of NSW refer to the witness categories listed in Clause 81(1) of *Adoption Regulation 2015*.

2. I confirm I am not an officer of the Department, or an employee of an accredited adoption service provider who is the caseworker for the proposed adoptive parents.

3. I confirm I am not the registered counsellor of the person signing this instrument.

4. I certify I have sighted the following document(s) to confirm the identity of the person named below who is giving consent:

5. I confirm I am not aware of any mental, emotional or physical unfitness of the person named below to give consent.

6. I certify I am satisfied that:

\_\_\_\_\_ first middle name/s last  
(full name of person giving consent)

- Has been provided with a copy of the instrument of consent and the mandatory written information at least 14 days before the consent was signed ; AND
- Has been given ample opportunity to read the instrument of consent and mandatory written information and understands the effect of signing the consent ; AND
- Has been counselled within the prescribed period (not more than 30 days or less than 72 hours before giving consent) and understands the effects of giving consent; AND
- Is signing the consent free from any threat, inducement or influence of the kind as set out in section 184 of the *Adoption Act 2000*.

7. I confirm I have sighted (*strike out and initial paragraphs (or parts of a paragraph) below, that are not relevant to the person giving consent*):

- (where the person giving consent is under 18 years of age) a report prepared by \_\_\_\_\_ (a counsellor or other appropriate expert), dated \_\_\_\_\_, stating that the above named person is capable of understanding the effect of the consent.
- (where the child is Aboriginal)
  - a "Statement of Aboriginal Counselling" dated \_\_\_\_\_ stating that the above named person has been given adoption counselling prior to signing the instrument of consent; OR



**SOLE CONSENT TO HIS OR HER ADOPTION  
BY A CHILD WHO HAS ATTAINED THE AGE OF TWELVE YEARS**

**ADOPTION ACT 2000 (NSW) Section 54(2) & 55  
ADOPTION REGULATION 2015 (NSW) Clause 80**

I, \_\_\_\_\_  
first middle name/s last  
(full legal name of person giving consent)

of \_\_\_\_\_  
(full address - number, street, suburb, state)

born on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
number month year

at \_\_\_\_\_ in the State of \_\_\_\_\_  
(suburb/city)

**give consent to the making of an adoption order in respect of me in favour of:**

\_\_\_\_\_ and  
first middle name/s last  
(full legal name of proposed adoptive parent)

\_\_\_\_\_ and  
first middle name/s last  
(full legal name of proposed adoptive parent)

**and have cared for me/I have lived with and/or have had a relationship with for \_\_\_\_\_ years**

of \_\_\_\_\_  
(full address – number, street, suburb, state)

**who is/are my \_\_\_\_\_.**  
(state relationship with proposed adoptive parent eg. authorised carer, step parent, aunt, uncle)

**I received a copy of the mandatory written information on \_\_\_\_\_ (being at least 14 days before this day).**

**I received counselling pursuant to section 63(1) of the *Adoption Act 2000* on \_\_\_\_\_ (being no more than 30 days and no less than 72 hours before this day).**

**In giving consent to my adoption I have been informed and understand:**

**On the making of an adoption order, the proposed adoptive parents will become my legal parent/s and for all legal purposes I will be considered to be her/his/their child.**

**On the making of an adoption order, an amended birth certificate will be issued by the Registry of Births, Deaths and Marriages which will record my name/s as the one/s I have requested below, if so ordered by the Court, and will not record any details of my birth parents or birth siblings.**

**I have the right to revoke (withdraw) my consent for adoption at any time before the adoption order is made. I can do this by giving notice in writing to the Registrar of the Equity Division, Supreme Court, Queens Square, Sydney, NSW.**

**I understand that if the Court is not satisfied that my best interests will be promoted by adoption the Court has the power to make alternate orders in relation to the parental responsibility for me, for example a parenting order under the Family Law Act or an order declaring me to be under the parental responsibility of the Minister.**

The rights of an adopted person under the *Adoption Act 2000*.

I request that on the making of an Adoption Order my name will be:

\_\_\_\_\_

first middle name/s last  
(full legal name to be recorded on the amended birth certificate)

**Strike out and initial the paragraphs (or parts of a paragraph) below, that are not relevant to the person giving consent:**

- I hereby request and authorise:
  - the Secretary of the NSW Department of Family & Community Services; OR
  - the Principal Officer of \_\_\_\_\_  
(Name of Accredited Adoption Service Provider)

to make arrangements for my adoption.

- I am under 18 years of age. I have met with a counsellor or other appropriate expert regarding my capacity to understand the effect of this consent.
- I am Aboriginal. In accordance with section 64 of the *Adoption Act 2000*,  
I have been given adoption counselling prior to signing the instrument of consent; OR  
I have been offered adoption counselling but refused it. I have been provided with written information on Aboriginal customs and culture on \_\_\_\_\_  
(being at least 7 days before signing this consent). I have read and/or had read to me and understood that written information.
- I am Torres Strait Islander. In accordance with section 65 of the *Adoption Act 2000*,  
I have been given adoption counselling prior to signing the instrument of consent; OR  
I have been offered adoption counselling but refused it. I have been provided with written information on Torres Strait Islander customs and culture on \_\_\_\_\_  
(being at least 7 days before signing this consent). I have read and/or had read to me and understood that written information.

Signature of person giving consent:

\_\_\_\_\_

Dated this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
number month year

Signature of Witness:

\_\_\_\_\_

Qualification:

\_\_\_\_\_

(Insert one of the following) - Delegate of the Secretary - Principal Officer Accredited Adoption Service (*and not the caseworker for the proposed adoptive parents*) - Independent Lawyer - Registered Counsellor. If signed outside of NSW refer to the witness categories listed in Clause 81(1) of *Adoption Regulation 2015*.

**STATEMENT OF PERSON QUALIFIED TO WITNESS CONSENT AT TIME  
CONSENT IS SIGNED (IMMEDIATELY AFTER CONSENT IS SIGNED)**

(Where the child is 12 or more years of age)

**ADOPTION ACT 2000 (NSW) Section 62  
ADOPTION REGULATION 2015 (NSW) Clause 81 & 85**

On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ I witnessed  
                number                                  month                                  year

---

                first                                  middle name/s                                  last  
  (full legal name of person giving consent)

**give consent to their own adoption.**

**I confirm that the instrument of consent bears the date on which it was signed by the person giving consent.**

**Signature of witness:** \_\_\_\_\_

**Dated this** \_\_\_\_\_ **day of** \_\_\_\_\_, \_\_\_\_\_  
                number                                  month                                  year