

**ENTRUSTING OF CHILD INTO YOUR CARE**

(applicants fill this in jointly)

**1. Why and for how long have you been considering taking a child into your care?**

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**2. Have you told anyone of your intention and what was their reaction to your decision?**

your children:

the person living jointly with you in the household:

parents / siblings:

your extended family:

others:

**3. Do you wish to wait for a child to be found who meets your expectations?**

yes / no

how long:

why:

.

**4. Which of the following possibilities is more acceptable to you:**

a) to acquire a child as soon as possible, it does not matter what it is like;

b) to wait as long as necessary until a child meeting your expectations is found.

**5. Do you want the adoption kept secret from those around you?**

yes

no

I don't know

no way

**6. Who will remain with the child once it is received into the family at home?**

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**7. Will someone help you with the upbringing of the child?**

yes / no

who:

**8. Would you accept a child from a different ethnic background to your own?**

yes

no

I don't know

no way

which:

**9. Would you accept a child found to have**

a physical handicap

yes / no / I don't know / no way

a sensory handicap

yes / no / I don't know / no way

a mental handicap

yes / no / I don't know / no way

other illness

yes / no / I don't know / no way

What illness would not trouble you?

curable  .....

incurable  .....

clearly visible  .....

other: .....

YOUR EXPECTATIONS OF THE CHILD AND THE REASONS FOR THEM:

Sex:

Age:

Appearance, nature, origin, etc.:

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. .  
. .  
. .

State of health (intellect) of the child:

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. .  
. .

Other:

Signature of female applicant:

Signature of male applicant:

Date: