



## QUESTIONNAIRE FOR THE APPLICANTS FOR ADOPTION

(To be completed jointly by the applicants)

I. PERSONAL DETAILS			
<b>Name and surname of the male applicant:</b>			
Date and place of birth:		Birth certificate number:	
Place of residence:			
Citizenship:		Nationality:	
Marital status:		Religious beliefs:	
ID card number (passport):			
<b>Applicant's parents</b>			
<b>Applicant's mother:</b>			
Name and surname:		Née:	
Date and place of birth:		If she has deceased, in what year:	
<b>Applicant's father:</b>			
Name and surname:			
Date and place of birth:		If he has deceased, in what year:	
<b>Siblings:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	How many:	What is your position as a sibling:
<b>Name and surname of the female applicant:</b>			
Date and place of birth:		Birth certificate number:	
Place of residence:			

Citizenship:		Nationality:	
Marital status:		Religious beliefs:	
ID card number (passport):			
<b>Applicant's parents</b>			
<b>Applicant's mother:</b>			
Name and surname:		Née:	
Date and place of birth:		If she has deceased, in what year:	
<b>Applicant's father:</b>			
Name and surname:			
Date and place of birth:		If he has deceased, in what year:	
<b>Siblings:</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	How many:	What is your position as a sibling:
<b>Marriage</b>			
Date of marriage:		How long had you been together before you got married:	
Length of a shared living before marriage:			
Male applicant's marriage order:		If divorced, how many times and in what year?	
Are there children from the previous marriage of the applicant?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, how many:	Are you in touch with your children?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Female applicant's marriage order:		If divorced, how many times and in what year?	
Are there children from the previous marriage?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, how many:	Are you in touch with your children?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Do you share your common household with anyone? (Who, and how is he/she part of your life together?)

Housing situation (where you live, how large is your house/apartment, do you have garden, equipment suitable for children, are there service for children nearby, who owns the house or flat where you live):

II. DETAILS OF CHILDREN IN THE FAMILY			
<b>1<sup>st</sup> child</b>			
Name and surname:		Date of birth:	
Child is:	<input type="checkbox"/> biological <input type="checkbox"/> adopted <input type="checkbox"/> child of my spouse <input type="checkbox"/> other		
Health:	<input type="checkbox"/> healthy <input type="checkbox"/> other If OTHER is chosen, please explain briefly:		
Other information:	Is there anything else that needs to be known?		
<b>2<sup>nd</sup> child</b>			
Name and surname:		Date of birth:	
Child is:	<input type="checkbox"/> biological <input type="checkbox"/> adopted <input type="checkbox"/> child of my spouse <input type="checkbox"/> other		
Health:	<input type="checkbox"/> healthy <input type="checkbox"/> other If OTHER is chosen, please explain briefly:		

Other information:	Is there anything else that needs to be known?
Do you have any experience with upbringing or working with children?	

<b>III. DETAILS OF ADOPTION AND POTENTIALLY ADOPTED CHILD/CHILDREN</b>
Why and how long have you been thinking about adopting a child/children and taking them in your care?
With whom have you spoken about your intention to adopt a child/children and what his/her reaction was?
Which of the following options is more acceptable to you: <input type="checkbox"/> to get a child as soon as possible, no matter what he/she will be <input type="checkbox"/> to wait until a child that meets my expectation is found
Do you want to conceal the adoption from your social contacts? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DO NOT KNOW
Who and how long will stay at home with the child after the adoption?
Will there be anyone who will help you with the upbringing? If YES, who:
Do you have a specific preference regarding the child's gender? <input type="checkbox"/> we prefer a girl <input type="checkbox"/> we prefer a boy <input type="checkbox"/> gender is irrelevant

<p>Do you ask for adoption of a child/children at what age?  <input type="checkbox"/> up to 3 years   <input type="checkbox"/> 4-6 years   <input type="checkbox"/> more than 7 years   <input type="checkbox"/> other</p> <p>If other is chosen, please explain:</p>
<p>Would you accept a child of a different ethnicity than yours?  <input type="checkbox"/> YES   <input type="checkbox"/> NO   <input type="checkbox"/> DO NOT KNOW</p>
<p>Are you willing to accept a group of siblings (meaning siblings simultaneously)?  <input type="checkbox"/> YES   <input type="checkbox"/> NO   <input type="checkbox"/> DO NOT KNOW</p> <p>If yes, please specify:</p>
<p>Are you willing to adopt sibling/s of the adopted child in the future, if the child/ren could not be placed to the family in the Czech Republic?  <input type="checkbox"/> YES   <input type="checkbox"/> NO   <input type="checkbox"/> DO NOT KNOW</p>
<p>Would you accept a child whose mother had a history of:</p> <ul style="list-style-type: none"> <li>- using drugs during pregnancy: <input type="checkbox"/> YES   <input type="checkbox"/> NO   <input type="checkbox"/> DO NOT KNOW</li> <li>- using alcohol during pregnancy: <input type="checkbox"/> YES   <input type="checkbox"/> NO   <input type="checkbox"/> DO NOT KNOW</li> <li>- psychiatric diagnosis: <input type="checkbox"/> YES   <input type="checkbox"/> NO   <input type="checkbox"/> DO NOT KNOW</li> </ul>
<p>Would you accept a child with delayed psychomotor development?  <input type="checkbox"/> YES   <input type="checkbox"/> NO   <input type="checkbox"/> DO NOT KNOW</p> <p>If YES, please provide more details:</p>
<p>Would you accept a prematurely born child?  <input type="checkbox"/> YES   <input type="checkbox"/> NO   <input type="checkbox"/> DO NOT KNOW</p> <p>If your answer is YES, please state how much prematurely (a week of pregnancy):</p>
<p>Would you accept a child, who has:</p> <ul style="list-style-type: none"> <li>- physical disability: <input type="checkbox"/> YES   <input type="checkbox"/> NO   <input type="checkbox"/> DO NOT KNOW</li> <li>- sensory disability: <input type="checkbox"/> YES   <input type="checkbox"/> NO   <input type="checkbox"/> DO NOT KNOW</li> <li>- mental disability: <input type="checkbox"/> YES   <input type="checkbox"/> NO   <input type="checkbox"/> DO NOT KNOW</li> </ul> <p>If YES, please provide more details:</p>
<p>What specific disease or disability of the child would you tolerate?</p> <p><input type="checkbox"/> curable: .....</p> <p><input type="checkbox"/> incurable:.....</p> <p><input type="checkbox"/> visually apparent: .....</p> <p><input type="checkbox"/> other:.....</p>

Other comments:

I hereby confirm that the information above is true and I am aware of the fact that giving false information may result in the withdrawal of my application from the registry of applicants of UMPOD.

Date:

Signature of the applicant:

Signature of the applicant: