



QUESTIONNAIRE FOR THE APPLICANTS FOR ADOPTION

(to be completed jointly by the applicants and consulted with a professional from the accredited body/central authority)

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



Date and place of birth:		Birth certificate number:	
Place of residence:			
Citizenship:		Nationality:	
Marital status:		Religious beliefs:	
ID card number (passport):			
Applicant's parents			
Applicant's mother:			
Name and surname:		Née:	
Date and place of birth:		If she has deceased, in what year:	
Applicant's father:			
Name and surname:			
Date and place of birth:		If he has deceased, in what year:	
Siblings:	<input type="checkbox"/> YES <input type="checkbox"/> NO	How many:	What is your position as a sibling:
Marriage			
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			
1st child			
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?		



2nd child			
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?			

III. DETAILS OF ADOPTION AND POTENTIALLY ADOPTED CHILD/CHILDREN

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?



<p>Which of the following options is more acceptable to you:</p> <p><input type="checkbox"/> to accept a child as soon as possible, no matter what he/she will be</p> <p><input type="checkbox"/> to wait until a child that meets my expectation is found</p>
<p>Who and how long will stay at home with the child after the adoption? (it's recommended to stay for at least a year)</p>
<p>Will there be anyone who will help you with the upbringing? If YES, who:</p>
<p>Do you have a specific preference regarding the child's gender?</p> <p><input type="checkbox"/> we prefer a girl <input type="checkbox"/> we prefer a boy <input type="checkbox"/> gender is irrelevant</p>
<p>Do you ask for adoption of a child/children at what age?</p> <p><input type="checkbox"/> up to 3 years <input type="checkbox"/> up to 4 years <input type="checkbox"/> up to 5 years <input type="checkbox"/> up to 6 years <input type="checkbox"/> up to 7 years</p> <p><input type="checkbox"/> 8-year-old and older <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?</p> <p><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)?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DO NOT KNOW</p> <p>If YES, please specify (e.g., age, gender, how many children, etc.):</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?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DO NOT KNOW</p>
<p>Most biological mothers of children in intercountry adoption have a history of drug abuse. Would you accept a child whose mother had a history of:</p> <ul style="list-style-type: none">• using drugs during pregnancy: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DO NOT KNOW• using alcohol during pregnancy: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DO NOT KNOW• psychiatric diagnosis: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DO NOT KNOW
<p>Most children, specifically placed in an institutional care, have a delay in their psychomotor development. We presume that in a family care the development would gradually level up. Would you accept a child with delayed psychomotor development (delay can occur in speech, gross and fine motorics, cognitive, social, or emotional development)?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DO NOT KNOW</p>
<p>Would you accept a prematurely born child?</p> <p><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">• physical disability (e.g., polydactyly/symbrachydactyly, naevus pigmentosus): <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DO NOT KNOW• sensory disability (e.g., impaired vision/hearing, strabism): <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DO NOT KNOW• mental disability (e.g., ADHD, Asperger's syndrome): <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DO NOT KNOW• intellectual disability (e.g., reduced intellect into the mild mental retardation range, Down syndrome) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DO NOT KNOW <p>If you have chosen options YES, or DO NOT KNOW you can provide more details here:</p>
<p>What specific disease or disability of the child would you tolerate (please state examples)?</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>
<p>Other comments:</p>

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

Date:

Signature of the applicant:

Signature of the applicant:

Name and signature of the consulting professional in the accredited body/central authority: