

**AU - FORM A**

**APPLICATION FOR ADOPTION OF A CHILD**

Application number: \_\_\_\_\_

**A. IDENTIFYING INFORMATION- APPLICANT 1**

First Name:		Middle Name(s):		Last Name:	
Maiden Name:		Also known As:		Date of Birth: dd/mm/yyyy	
				Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:			Telephone Contact:		Email Address:
Nationality:		Race/Ethnicity:		Marital Status: <b>Tick All That Apply</b>	
Driver's License/Permit No./ Passport No./National ID No:		<input type="checkbox"/> African <input type="checkbox"/> East Indian <input type="checkbox"/> Mix (African & Indian) <input type="checkbox"/> Mixed (Other) <input type="checkbox"/> Portuguese <input type="checkbox"/> Chinese <input type="checkbox"/> Caucasian <input type="checkbox"/> Indigenous <input type="checkbox"/> Syrian <input type="checkbox"/> Lebanese <input type="checkbox"/> Other		<input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
Employer's Name and Address:				Level of Education Obtained	
Occupation:		Primary Language Spoken		<input type="checkbox"/> Primary School <input type="checkbox"/> High School Graduate <input type="checkbox"/> Trade/Vocational Graduate <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral Graduate	
Work Telephone Contact:		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Creole <input type="checkbox"/> Patois <input type="checkbox"/> German <input type="checkbox"/> Portuguese <input type="checkbox"/> Hindi <input type="checkbox"/> Mandarin <input type="checkbox"/> Arabic <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Dutch <input type="checkbox"/> Urdu		Religion: <input type="checkbox"/> Anglican <input type="checkbox"/> Baptist- Spiritual Shouter <input type="checkbox"/> Baptist- Other <input type="checkbox"/> Hinduism <input type="checkbox"/> Islam <input type="checkbox"/> Jehovah's Witness <input type="checkbox"/> Methodist <input type="checkbox"/> Moravian <input type="checkbox"/> Orisha <input type="checkbox"/> Pentecostal/ Evangelical/ Full Gospel <input type="checkbox"/> Presbyterian/ Congregational <input type="checkbox"/> Rastafarian <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Seventh Day Adventist <input type="checkbox"/> Other <input type="checkbox"/> None	
Type of Employment:					
<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Long-Term Contract <input type="checkbox"/> Short-Term Contract <input type="checkbox"/> Seasonal <input type="checkbox"/> Shift Employment <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed					

**B. MARITAL STATUS DETAILS**

Please select the responses applicable to you:

- Single
- Married
- My spouse is the co-applicant
- My spouse is not applying to be an adopter

Name of Spouse: \_\_\_\_\_

Reason why Spouse is not applying: \_\_\_\_\_

\_\_\_\_\_

- Separated
- Legally Separated
- Divorced
- The Decree Nisi has been issued
- The Decree Absolut has been issued
- Common Law

Name of Partner: \_\_\_\_\_

**C. CRIMINAL HISTORY**

- I. Have you ever been arrested for an offence other than a minor traffic violation? Applicant  
 Yes  No

If yes, please provide details: \_\_\_\_\_

- II. Have you ever been convicted of a crime in Trinidad and Tobago?  Yes  No
- III. Have you ever been convicted of a crime in another country outside of Trinidad and Tobago?  Yes  No

Please provide the name of the country: \_\_\_\_\_

- IV. As far as you know have you ever been reported to the Children's Authority, the Police Services or any other agency for alleged child abuse, neglect or abandonment?  Yes  No

**D. OTHER COUNTRIES LIVED IN**

(Please give details for the last five years)

Country	Date Arrived (dd.mm.yyyy)	Date of Departure (dd.mm.yyyy)	Length of Stay
1.			
2.			
3.			

**E. CHILDREN OF APPLICANT**

**MINOR CHILDREN OF APPLICANT(S)**

Full Name	Date of Birth	Sex	Lives in Home Yes/No	Do you financially support the child Yes/No	Relationship (Step-child, child, adoptive child)

**F. ADULT CHILDREN OF APPLICANT**

Full Name	Date of Birth	Sex	Lives in Home Yes/No	Do you financially support adult child Yes/No	Address/ Phone Number	Relationship (Step-child, child, adoptive child)

**G. FAMILY TYPE**

(Please identify the type of family unit you currently live in)

- Nuclear** (a couple and their dependent children, two (2) parents)
- Single Parent** (a parent, not living with a spouse or partner, one (1) parent)
- Extended Family** (a family which extends beyond the nuclear family to include grandparents and other relatives)
- Blended Family** (a family consisting of a couple, the children they have had together, and their children from previous relationships)
- Other** (please specify): \_\_\_\_\_

**H. OTHER PERSONS IN THE HOME**

Full Name	Date of Birth	Relationship to the Applicant

**I. FOSTER CARE/ ADOPTION HISTORY**

1. Have you ever been a foster parent  Yes  No

If yes, check one:  Children's Authority  National Family Services  Other: \_\_\_\_\_

2. Have you previously applied to adopt a child?  Yes  No

3. If yes, was the adoption successful (received a child into your care)?  Yes  No

If no, please briefly state why: \_\_\_\_\_

\_\_\_\_\_



**J. ADOPTEE PROFILE**

**IF A CHILD HAS BEEN IDENTIFIED:**

Full Name	Date of Birth dd/mm/yyyy	Age	Sex	Country of Origin	Date of Placement/ Date child received into your care)	Relationship to Applicant(s)

**IF CHILD HAS NOT BEEN IDENTIFIED, PLEASE INDICATE YOUR PREFERENCES:**

You may select more than one in each category

**Age(s):**

Preferred age range: \_\_\_\_\_

No Preference

**Sex:**

Male Only

Female Only

No Preference

**Ethnicity:**

African

Portuguese

Syrian

East Indian

Chinese

Lebanese

Mixed (African & Indian)

Caucasian

Other

Mixed (Other)

Indigenous

**Sibling (Group of):**

2

4

3

5 or more

**Check all conditions that you are willing to accept**

History of physical abuse/neglect

Alcohol/Drug exposed

History of sexual abuse

Challenging Behaviour

History of mental illness

Adverse parent Background

Chronic illness (diabetes, asthma)

Different religious faith

Developmentally delayed

Different ethnic/cultural background

Learning disorder

**K. REFERENCES**

Please list the name, address and telephone number of three individuals who have knowledge of your home environment, lifestyle and capability to be an adoptive parent. A minimum of two persons must not be related.

Name	Telephone Number	Mailing Address

**L. ALTERNATE CARER**

Please provided the name and contact information for a person or married couple who you believe is best able to care for your adopted child in the event that any unfortunate circumstance prevents you from doing so. (Please note that this person or couple can be related to you and would be interviewed). \_\_\_\_\_

**Confidentiality Clause:** All information contained herein is considered confidential and is to be used only for the processing of this application for the Adoption of a child.

I, .....hereby certify that the information given is true and correct. I understand that the information given will be checked, and do hereby authorise the Children's Authority of Trinidad and Tobago and its agents/employees to take such steps as are necessary to verify the information given. I understand that questions may be asked about my educational background, employment history, character, family and other visitors to my home.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date