



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: Tick All That Apply	
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:		Primary Language Spoke		Level of Education Obtained	
Occupation:				<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:				Religion:	
Type of Employment:		<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		<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	
<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-Employment <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed					

B. MARITAL STATUS DETAILS

Please select the response 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

Applicant

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

If yes, please provide details: _____

- II. Have you ever been convicted of a crim 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 Service
- ☐
- Yes
- ☐
- No
-
- or any other agency for alleged child, neglect or abandonment?

D. OTHER COUNTRIES LIVED IN

(Please give details for the last five years)

Country	Date Arrived (dd.mm.yyyy)	Date of Departure (dd.mm.yyy)	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	Relationships (Step-child, child adoptive child)

G. FAMILY TYPE

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

- ☐ Nuclear (a couple and their dependents children, two (2) parents)
- ☐ 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 relationship)
- ☐ 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 care	Relationship to Applicant(s)

BIRTHPARENTS INFORMATION

Full Name	Contact Information	Date of Birth	Last known Address	Country of Origin	Relationship to Applicant(s)

IF CHILD HAS NOT BEEN IDENTIFIED, PLEASE INDICATE YOUR PREFERENCE:

Age:
Preferred age range: _____

Sex:
☐ Male Only ☐ Female Only ☐ No Preference

Ethnicity:(Select ONE only)

☐ African descent ☐ Chinese descent ☐ Portuguese
☐ East Indian descent ☐ Caucasian ☐ Lebanese
☐ Mixed (African descent & Indian descent) ☐ Indigenous ☐ Other
☐ Mixed (Other) ☐ Syrian descent

Sibling (Group of):

☐ 2 ☐ 4
☐ 3 ☐ 5 or more

Check all conditions that you are willing to accept

☐ History of physical abuse/neglect
☐ History of sexual abuse
☐ History of mental Illness
☐ Chronic illness (diabetes, asthma)
☐ Developmentally delayed
☐ Learning disorder

☐ Alcohol/Drug exposed
☐ Challenging Behaviour
☐ Adverse parent Background
☐ Different religious faith
☐ Different ethnic/cultural background

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 **who are not related to each other.**

Name	Telephone Number	Mailing Address

L. ALTERNATE CARERS

Please provide 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 by conducting home visits and background checks 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

Documents to be submitted (where applicable) upon the request of the Adoption Unit;

- Two forms of photo identification (Non –nationals must present their passports)
- Birth certificate(s) of applicant(s)
- Birth certificate of identified child
- Police Certificate of Character issued within (6) months of application
- Name of three (3) referees and contact information
- Medical completed by a Medical Professional on the Authority's medical form
- Results of blood tests; VDRL, HIV and chest X-ray report for Applicant(s)
- Results of blood tests for identified child; Hemoglobin Electrophoresis, G6PD, VDRL, HIV, CBC
- Marriage Certificate if married
- Divorce Decree Nisi/Decree absolute if divorced
- Certified copy of death registration of spouse
- 1 passport and 1 full length photo of the Applicant(s)
- 1 passport and 1 full length photo of the child
- Financial information a) Job letter/Statement of savings (Bank, credit union, UTC, etc.)
- Any other relevant documentation that the Authority may require