|  |
| --- |
| Adoption Victoria Questionnaire |
| For Prospective Adoptive Applicants  |

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The information sought in this questionnaire will be treated with utmost confidentiality. The Department of Justice and Community Safety privacy policy is available at the [Privacy Policy](https://www.justice.vic.gov.au/your-rights/privacy) page <https://www.justice.vic.gov.au/your-rights/privacy>

Please ensure you read the Information Kit and Expression of Interest Factsheet prior to completing this questionnaire. The questionnaire will be examined thoroughly and any potential eligibility issues identified.

Type your responses to the questions and email it to: adoptionsvic@justice.vic.gov.au (preferable). Alternatively, print out the form, sign and date it and send to us by post to:

Adoption Victoria

PO Box 588

Collins Street West VIC 8007

Please take the time to fill in all the questions accurately, completely and truthfully. Should you wish to proceed, you need to return both documents: questionnaire and child profile form, preferably via email as significant delays (or lost documents) may occur if documents are posted.

Please note that some of the information required to establish your eligibility for the Adoption Victoria program such as medical reports and financial statements may incur additional fees. You are responsible to meet these costs.

Should you have any questions or require any assistance, please email Adoption Victoria <adoptionsvic@justice.vic.gov.au>.

**Child Profile Form**

All children placed through adoption are considered to have special/additional needs. To meet the needsof our local and intercountry adoption programs, prospective adoptive parents are required to demonstrate an openness and willingness to consider a range of special/additional needs. Some of the more tangible medical and background factors are highlighted in the list below.

Adoption Victoria is particularly interested in hearing from applicants who are capable and open to adopting a child with a range of additional needs including *a diagnosis or at risk of developing conditions such as Foetal Alcohol Spectrum Syndrome, Cerebral Palsy, Global Developmental Delays, Prader-Willi Syndrome and other complex medical and genetic conditions.* In addition to these, all children placed through our adoption program will have a background of loss. As a prospective adoptive parent, you understand that the *lifelong impact of relinquishment*, *adoption*, together with the *internalised manifestations of* *trauma and loss*, are uniquely present in the lives of all adopted children.

The assessment of your eligibility for your preferred program is largely determined by the conditions you select on this form. Please refer to the Adoption Victoria Information Kit and the Intercountry Adoption Australia website (if relevant) to assist you with completing this form. **Additionally, we would strongly recommend you seek medical advice before completing this child profile form if you are unfamiliar with the conditions listed below**. You can also access the Royal Children Hospital (RCH) fact sheets which have been developed for parents and adolescents, and cover pertinent topics about medical conditions and the services available at RCH from here: [www.rch.org.au/kidsinfo/fact\_sheets](http://www.rch.org.au/kidsinfo/fact_sheets)

**Indicate your willingness to be considered for a child with the following conditions:**

*Please complete these two*

*columns after Education*

**Age of child Yes No Yes No**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Under 12 months |  |  |  |  |  |  |
| 2 to 3 years |  |  |  |  |  |  |
| 4 to 6 years |  |  |  |  |  |  |
| 7 and over years |  |  |  |  |  |  |

**Family status**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No known information / Unknown father |  |  |  |  |  |  |
| Parental history of criminal record |  |  |  |  |  |  |
| Parental history of substance dependency |  |  |  |  |  |  |
| Substance use during pregnancy |  |  |  |  |  |  |
| Parental history of mental illness *(potential genetic roots e.g. Depression, Bipolar disorder, Schizophrenia)* |  |  |  |  |  |  |
| Parental history of mental illness *(potential environmental cause e.g. brain injury, substance induced)*  |  |  |  |  |  |  |
| Parental history of mental health issue *(no formal diagnosis)*  |  |  |  |  |  |  |
| Parental background of intellectual disability |  |  |  |  |  |  |
| Child conceived as a result of incest |  |  |  |  |  |  |
| Child conceived as a result of rape |  |  |  |  |  |  |

**Child’s health**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Cleft Lip and Palate |  |  |  |  |  |  |
| Eye conditions – mild*(correctable/requires ongoing review)* |  |  |  |  |  |  |
| Eye conditions – moderate*(requires treatment/supports)* |  |  |  |  |  |  |
| Hearing loss – mild |  |  |  |  |  |  |
| Hearing loss – moderate |  |  |  |  |  |  |
| Heart murmur |  |  |  |  |  |  |
| Heart defect – mild*(treated at birth/requires ongoing review)* |  |  |  |  |  |  |
| Heart defect – moderate *(requires ongoing treatment/supports)* |  |  |  |  |  |  |
| Congenital Hydrocephalus – treated |  |  |  |  |  |  |
| Orthopaedic birth defect – mild*(correctable/requires ongoing review)* |  |  |  |  |  |  |
| Orthopaedic birth defect – moderate*(requires ongoing treatment/support)* |  |  |  |  |  |  |
| Skin conditions – *requires treatment*  |  |  |  |  |  |  |
| Spina bifida (mild symptoms) |  |  |  |  |  |  |
| Spina bifida (moderate symptoms) |  |  |  |  |  |  |
| Seizure disorders |  |  |  |  |  |  |
| Premature |  |  |  |  |  |  |
| Positive Toxicology screen*(treated at birth)* |  |  |  |  |  |  |
| Other medical conditions*(correctable/requires ongoing review)* |  |  |  |  |  |  |
| Other medical conditions*(requires ongoing treatment/support)* |  |  |  |  |  |  |

**Infectious diseases**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Exposure/Positive TB screen |  |  |  |  |  |  |
| Exposure/Positive VDRL - congenital syphilis |  |  |  |  |  |  |
| Exposure/Positive Hepatitis B screen/carrier state |  |  |  |  |  |  |
| Exposure/Positive Hepatitis C screen/carrier state |  |  |  |  |  |  |
| Exposure/Positive HIV/AIDS |  |  |  |  |  |  |

**Developmental delays**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Autism (mild) |  |  |  |  |  |  |
| Autism (moderate) |  |  |  |  |  |  |
| Cerebral palsy (mild symptoms) |  |  |  |  |  |  |
| Cerebral palsy (moderate) |  |  |  |  |  |  |
| Cognitive delay - mild |  |  |  |  |  |  |
| Cognitive delay - moderate |  |  |  |  |  |  |
| Down syndrome |  |  |  |  |  |  |
| Failure to thrive |  |  |  |  |  |  |
| Foetal alcohol spectrum disorder |  |  |  |  |  |  |
| Fine motor delay |  |  |  |  |  |  |
| Gross motor delay |  |  |  |  |  |  |
| Global developmental delay |  |  |  |  |  |  |
| Speech and language delay |  |  |  |  |  |  |
| Social-Emotional delay |  |  |  |  |  |  |
| Potential delays due to maternal substance use in-utero  |  |  |  |  |  |  |
| Other Developmental Uncertainties *(due to genetic or environmental factors)*  |  |  |  |  |  |  |

**Child’s behavioural, emotional, social development**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Attention and Concentration difficulty |  |  |  |  |  |  |
| Attention Deficit Hyperactivity Disorder |  |  |  |  |  |  |
| Complex childhood trauma |  |  |  |  |  |  |
| Emotional regulation difficulty |  |  |  |  |  |  |
| Impulsive behaviour |  |  |  |  |  |  |
| Limited attachment potential |  |  |  |  |  |  |
| Learning difficulty |  |  |  |  |  |  |
| Poor peer relationships |  |  |  |  |  |  |
| Sensory processing difficulties |  |  |  |  |  |  |
| Known history of physical abuse |  |  |  |  |  |  |
| Known history of sexual abuse |  |  |  |  |  |  |

# Child Profile

**From which program and/or country/ies are you interested and eligible to adopt a child? You may select more than one option. [Please mark with an ‘x’ as appropriate]**

|  |  |
| --- | --- |
| **Child in Victoria (Local)** |  |

|  |  |
| --- | --- |
| **Intercountry Adoption** | Select program below: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \*\*Bulgaria |  | Chile |  | \*\*China (mainstream) |  |
| \*\*China (special needs) |  | Colombia |  | \*\*Hong Kong (ISS)  |  |
| \*\*Hong Kong (PLK) |  | \*\*Latvia |  | \*\*Poland |  |
| \*\*South Africa |  | \*South Korea |  | \*\*Sri Lanka |  |
| Taiwan (Chung Yi) |  | \*Taiwan (CWLF)  |  | Thailand |  |

\*Not currently accepting applications

 \*\*Closed / No recent placements

**Please note: Some overseas programs work on quotas and/or may not be accepting new applications to adopt at this point in time.**

**What aged child are you interested in adopting?**

[Please mark with an ‘x’ as appropriate]

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Under 12 months\*** |  | **Twins under 12 months\*** |  |  **2 to 3 years** |  | **4 to 6 years** |  | **7 and over years** |  |

**\* Local/Domestic Adoption Only**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you have any parenting experience? Please outline.**  | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **If you have significant parenting experience, would you consider adopting siblings?** | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

**Select Sibling Group Type:**

[Please mark with an ‘x’ as appropriate]

|  |  |  |  |
| --- | --- | --- | --- |
| **Two children** |  | **Three children** |  |

A child’s background and life experiences will impact on their development and behaviour and all adopted children require insightful and informed parenting to support them through lifelong identity and other adoption related issues. In addition, some of the children requiring adoption from within Victoria and most of the children requiring adoption from overseas countries do have a range of on-going medical and or psychological and trauma related issues.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you aware that children requiring adoption have this range of additional special needs?** | Yes |  | No |  |

|  |
| --- |
| <Please provide details of your understanding in relation to the above statements> |

|  |  |  |  |
| --- | --- | --- | --- |
| **What are you able to offer an adopted child?** |  |  |  |

|  |
| --- |
| <Please provide details> |

**Adoption Victoria Program Information**

It is your responsibility to ensure you have read and understood all information in respect to the relevant adoption program. It is very important to make you aware that program changes do occur (particularly overseas country programs) and this may affect your eligibility at any time during the application process.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Have you read the Information Kit and Expression of Interest?**  | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Have you read and are you able to comply with the Adoption Victoria Assessment Standards? Please see Information Kit** | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

Adoption Victoria prepares and places updated information on the Adoption Victoria website regularly. We recommend that you read this for additional program information and updates.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Have you read the Adoption Victoria website? Please see:** [**https://www.vic.gov.au/adoption**](http://www.vic.gov.au/adoption) | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you aware of the foster care and/or Permanent care programs for children within the Victorian Government? Please see:** [**https://services.dffh.vic.gov.au/children-care**](https://services.dffh.vic.gov.au/children-care) | Yes |  | No |  |
| **Is this something that you would consider?** | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

Children placed for adoption have additional needs, including attachment needs, particularly in the first twelve months of placement. Prospective adoptive parent(s) should be able to provide full time care of a child for the appropriate period of time necessary to provide emotional security and stability for the child. This could range from up to 12 months or longer after the child is placed with them for adoption. While not all children will require the lengthier period of adjustment, all approved adoptive applicants must be willing and able to meet a child’s needs in this manner if required. For adopting couples, dual care arrangements will be considered.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Is this something you would be able to provide?** |  | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

**For All Applicants**

The *Victorian Adoption Act (1984)* recognises the needs of birth families and children for continuing contact during the child’s life.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you accept this as part of an adopted child’s life?** | Yes |  | No |  |
| **Do you understand the implications for you and your family?** | Yes |  | No |  |

What issues do you foresee for yourselves, the child and the birth family?

|  |
| --- |
| <Please provide details> |

How often do you think you could facilitate contact with the birth family?

|  |
| --- |
| <Please provide details> |

How would you support and negotiate contact with birth family, even if this contact was to present with challenges?

|  |
| --- |
| <Please provide details> |

How would you support a child through their life with issues frequently associated with being adopted?

|  |
| --- |
| <Please provide details> |

How would you and your family integrate and validate your child’s culture if it is different to yours?

|  |
| --- |
| <Please provide details> |

Can you describe your coping strategies?

|  |
| --- |
| <Please provide details> |

How would you support the development of your adopted child’s cultural identity?

|  |
| --- |
| <Please provide details> |

# Applicant Background Information

| Details | Applicant 1 | Applicant 2 |
| --- | --- | --- |
| Surname |  |  |
| Given name(s) |  |  |
| Sex |  |  |
| Date of birth |  |  |
| Place of birth |  |  |
| Citizenship |  |  |
| Ethnicity |  |  |
| Language(s) spoken |  |  |
| Mother’s birth country |  |  |
| Father’s birth country |  |  |
| Highest level of education attained |  |  |
| Occupation |  |  |
| Address |  |  |

### Contact phone numbers

| Home:  |  |  |
| --- | --- | --- |
| Work: |  |  |
| Mobile: |  |  |
| Email address:  |  |  |

### Relationship details

|  |  |
| --- | --- |
| If married, please give date of marriage  |  |
| If in a de facto relationship, please give date of commencement of relationship |  |
| Date(s) of previous marriage(s) (if applicable) |  |
| Date(s) of divorce(s) (if applicable) |  |

##

## Children currently living with you

Child 1

|  |  |
| --- | --- |
| Name |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of birth |  | Country of birth |  | Sex |  |
|  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Biological  |  Adopted  |  Fostered  |  Step Child  |  Other  |
|  Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

|  |  |  |  |
| --- | --- | --- | --- |
| If adopted: Date of placement |  | **Date of legalisation** |  |
| If under Permanent Care: |  **Date of Parenting Care Order** |  |
| Other: | **Date of Other Parental/Guardianship Order** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Does this child attend school? | Yes |  | No |  | Year Level? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is this child home schooled? | Yes |  | No |  |

Child 2

|  |  |
| --- | --- |
| Name |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of birth |  | Country of birth |  | Sex |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Biological  |  Adopted  |  Fostered  |  Step Child  |  Other  |
|  Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

|  |  |  |  |
| --- | --- | --- | --- |
| If adopted: Date of placement |  | **Date of legalisation** |  |
| If under Permanent Care: |  **Date of Parenting Care Order** |  |
| Other: | **Date of Other Parental/Guardianship Order** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Does this child attend school? | Yes |  | No |  | Year Level |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is this child home schooled? | Yes |  | No |  |

Child 3

|  |  |
| --- | --- |
| Name |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of birth |  | Country of birth |  | Sex |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Biological  |  Adopted  |  Fostered  |  Step Child  |  Other  |
|  Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

|  |  |  |  |
| --- | --- | --- | --- |
| If adopted: Date of placement |  | **Date of legalisation** |  |
| If under Permanent Care: |  **Date of Parenting Care Order** |  |
| Other: | **Date of Other Parental/Guardianship Order** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Does this child attend school? | Yes |  | No |  | Year Level? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is this child home schooled? | Yes |  | No |  |

## Children not living with you

[Please indicate below children of former relationships, marriages and deceased children. Please include adult children no longer living at home]

Child 1

|  |  |
| --- | --- |
| Name |  |
| Date of birth |  |
| Custodian / guardian where relevant |  |
| How often do you see this child? |  |

Child 2

|  |  |
| --- | --- |
| Name |  |
| Date of birth |  |
| Custodian / guardian where relevant |  |
| How often do you see this child? |  |

Child 3

|  |  |
| --- | --- |
| Name |  |
| Date of birth |  |
| Custodian / guardian where relevant |  |
| How often do you see this child? |  |

## Criminal records/court orders

### Applicant 1 - Criminal record

[Please indicate if a current or past criminal record (charge or conviction) of ANY nature exists]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A criminal records check will show a charge or conviction | Yes |  | No |  |

[If Yes then please summarise the nature of the offence and conviction]

|  |
| --- |
|  |

### Applicant 2 - Criminal record

[Please indicate if a current or past criminal record (charge or conviction) of ANY nature exists]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A criminal records check will show a charge or conviction | Yes |  | No |  |

[If Yes then please summarise the nature of the offence and conviction]

|  |
| --- |
|  |

### Intervention orders

[Please indicate if there has been a previous or current intervention order made against you. Both applicants to respond]

Applicant 1

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Past or current intervention order against applicant | Yes |  | No |  |

Applicant 2

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Past or current intervention order against applicant | Yes |  | No |  |

[Please indicate if you have taken out an intervention order against another person]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have taken out an intervention order against another person | Yes |  | No |  |

[Please indicate if police ever attended your home in relation to a domestic dispute or family violence]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Police have attended home in relation to a domestic dispute or family violence | Yes |  | No |  |

[If you answered yes to any of the above, please give details]

|  |
| --- |
|  |

## Religion

[Please indicate your precise religious affiliation. Both applicants to respond]

Applicant 1

|  |  |
| --- | --- |
| Religious affiliation |  |

Applicant 2

|  |  |
| --- | --- |
| Religious affiliation |  |

[Please outline your level of commitment to your religious faith/church. For example: non-practising, practicing and regular church goer, practicing and heavily involved in your faith, community]

Applicant 1

|  |  |
| --- | --- |
| Level of religious commitment |  |

Applicant 2

|  |  |
| --- | --- |
| Level of religious commitment |  |

## Physical and psychological health – Applicant 1

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Height (cm) |  | Weight (kg) |  | BMI |  |

**Adoption Victoria considers an applicant’s BMI together with cholesterol, blood pressure and other indicators of weight related health issues.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consider you lead a healthy lifestyle? | Yes |  | No |  |
| Do you exercise regularly? | Yes |  | No |  |

[Please give details]

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you smoke? | Yes |  | No |  |

[If Yes please detail number of cigarettes per day and length of time as a smoker]

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever smoked? | Yes |  | No |  |

[Please indicate length of time as a smoker, volume per day and when and how you successfully quit.]

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consume alcohol? | Yes |  | No |  |

[If Yes please detail volume and frequency of consumption]

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever smoked marijuana or used other illicit drugs? | Yes |  | No |  |

[If Yes how often and when did you cease]

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has a proposal for life or accident insurance ever been rejected, deferred or withdrawn? | Yes |  | No |  |

[If Yes please give details]

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you receive a pension/benefit, or have you received any form of compensation or payout relating to injury or illness of any kind? | Yes |  | No |  |

[If Yes please provide details]

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you currently taking any form of medication? Including for psychological or mental wellbeing | Yes |  | No |  |

[If Yes please list medication, how long you have been taking it, the condition it is treating and the name of the doctor prescribing this medication]

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you previously required any form of long-term medication? | Yes |  | No |  |

[If Yes please detail the medication, length of time taking it, the condition being treated and the name of the doctor prescribing this medication]

|  |
| --- |
|  |

Have you ever or are you currently being treated for any conditions, such as those listed below? If you answer Yes to any of them, please add some detail to assist us in understanding your current prognosis relating to the condition. If you are being treated for any condition not mentioned below, please add the name and details of the condition and treatment under the section titled ‘other’.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| High blood pressure/high cholesterol | Yes |  | No |  |
| <Please provide details> |
| Any other cardiovascular disease | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Any form of lung disease including asthma, chronic bronchitis | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tuberculosis | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Indigestion, gastric or duodenal ulcer | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Bowel disease, passage of blood from the bowel | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Liver or gall bladder disease | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Epilepsy, or fits of any kind | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fainting attacks | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Psychological disorder, anxiety, depression, psychiatric disorder or attempted suicide | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you currently receiving, or have you previously received counselling or psychological treatment? | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Kidney or bladder disease, including renal colic, blood in the urine | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Diabetes | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Gout | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cancer or tumour of any type: malignant or benign | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Impairment, numbness, deformation or removal of limbs | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |
| Arthritis or muscular related disorder | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Defects in sight, speech or hearing | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Haemophilia | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cystic fibrosis | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Huntington’s disease | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parkinson’s disease | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hepatitis B/C | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Chronic fatigue syndrome | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organ transplantation. Please include date of transplant | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Crohns or Celiac disease  | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Lupus /SLE | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| OTHER - Any other illnesses, injuries or operations not listed above | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever been advised to have an operation? | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you contemplate surgery in the future? | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| For persons over the age of 50 years have you had bowel screening? Should you be invited to make application you will need to provide results for the bowel screening tests as a requirement of the medical report | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

## Fertility – Applicant 1

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you previously been tested, and received a diagnosis and or treatment for infertility? If yes, please give a summary of diagnosis and treatment history  | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you currently undergoing any form of fertility treatment? If yes please detail including date of commencement and the name of the doctor overseeing your treatment | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you completed fertility treatment? Provide cessation date | Yes |  | No |  |

|  |
| --- |
| <Please provide details, including date of completion> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you pregnant at the moment? | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you pursuing Adoption prior to exploring your fertility? | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is there anything which would prevent you from proceeding with an application for adoption today? | Yes |  | No |  |
|  |  |  |  |  |
| <Please provide details> |
|  |

## Physical and psychological health – Applicant 2

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Height (cm) |  | Weight (kg) |  | BMI |  |

**Adoption Victoria considers an applicant’s BMI together with cholesterol, blood pressure and other indicators of weight related health issues.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consider you lead a healthy lifestyle? | Yes |  | No |  |
| Do you exercise regularly? | Yes |  | No |  |

[Please give details]

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you smoke? | Yes |  | No |  |

[If Yes please detail number of cigarettes per day and length of time as a smoker]

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever smoked? | Yes |  | No |  |

[Please indicate length of time as a smoker, volume per day and when and how you successfully quit.]

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you consume alcohol? | Yes |  | No |  |

[If Yes please detail volume and frequency of consumption]

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever smoked marijuana or used other illicit drugs? | Yes |  | No |  |

[If Yes how often and when did you cease]

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has a proposal for life or accident insurance ever been rejected, deferred or withdrawn? | Yes |  | No |  |

[If Yes please give details]

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you receive a pension/benefit, or have you received any form of compensation or payout relating to injury or illness of any kind? | Yes |  | No |  |

[If Yes please provide details]

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you currently taking any form of medication? Including for psychological or mental wellbeing | Yes |  | No |  |

[If Yes please list medication, how long you have been taking it, the condition it is treating and the name of the doctor prescribing this medication]

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you previously required any form of long-term medication? | Yes |  | No |  |

[If Yes please detail the medication, length of time taking it, the condition being treated and the name of the doctor prescribing this medication]

|  |
| --- |
|  |

Have you ever or are you currently being treated for any conditions, such as those listed below? If you answer Yes to any of them, please add some detail to assist us in understanding your current prognosis relating to the condition. If you are being treated for any condition not mentioned below, please add the name and details of the condition and treatment under the section titled ‘other’.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| High blood pressure/high cholesterol | Yes |  | No |  |
| <Please provide details> |
| Any other cardiovascular disease | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Any form of lung disease including asthma, chronic bronchitis | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tuberculosis | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Indigestion, gastric or duodenal ulcer | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Bowel disease, passage of blood from the bowel | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Liver or gall bladder disease | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Epilepsy, or fits of any kind | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fainting attacks | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Psychological disorder, anxiety, depression, psychiatric disorder or attempted suicide | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you currently receiving, or have you previously received counselling or psychological treatment? | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Kidney or bladder disease, including renal colic, blood in the urine | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Diabetes | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Gout | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cancer or tumour of any type: malignant or benign | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Impairment, numbness, deformation or removal of limbs | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |
| Arthritis or muscular related disorder | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Defects in sight, speech or hearing | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Haemophilia | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cystic fibrosis | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Huntington’s disease | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parkinson’s disease | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hepatitis B/C | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Chronic fatigue syndrome | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organ transplantation. Please include date of transplant | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Crohns or Celiac disease  | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Lupus /SLE | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| OTHER - Any other illnesses, injuries or operations not listed above | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever been advised to have an operation? | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you contemplate surgery in the future? | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| For persons over the age of 50 years have you had bowel screening? Should you be invited to make application you will need to provide results for the bowel screening tests as a requirement of the medical report | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

## Fertility – Applicant 2

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you previously been tested, and received a diagnosis and or treatment for infertility? If yes, please give a summary of diagnosis and treatment history  | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you currently undergoing any form of fertility treatment? If yes please detail including date of commencement and the name of the doctor overseeing your treatment | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you completed fertility treatment? Provide cessation date | Yes |  | No |  |

|  |
| --- |
| <Please provide details, including date of completion> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you pregnant at the moment? | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you pursuing Adoption prior to exploring your fertility? | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is there anything which would prevent you from proceeding with an application for adoption today? | Yes |  | No |  |
|  |  |  |  |  |
| <Please provide details> |
|  |

## Finances

We require applicants to provide information that will evidence their ability to provide financially for a child placed in their care through adoption

**Domestic Adoption**: There are no statutory fees for domestic adoption, however you will have to pay legal costs when you apply for the adoption order at the County Court.

**Intercountry Adoption**: Overseas country program fees and additional fees apply. Country programs have additional and specific financial requirements of applicants. Please ensure you familiarise yourself with these before proceeding).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you able to comfortably afford the costs associated with adoption of a child without putting undue pressure on your financial position? | Yes |  | No |  |
| Are you willing to provide information about your assets and liabilities? E.g; bank statements, payslips etc | Yes |  | No |  |
| Are you willing to have your financial position endorsed by a Certified Practicing Accountant? | Yes |  | No |  |

## Referees

Adoption Victoria will require you to provide the name and addresses of 4 referees. Adoption Victoria will contact them directly to seek a reference on your behalf. Each applicant must provide referee details for one family member and one non-family member.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you in a position to provide this information in the future? | Yes |  | No |  |

## Guardian (Intercountry adoption ONLY)

Intercountry adoption programs require parents to consider the question of guardianship for their children in the event of their untimely death. The Guardian needs to be someone that will have regular and ongoing contact with your adopted child, share parenting and lifestyle ideals and be of a similar age range. Some programs may not accept a grandparent as a Guardian due to potential age or health limitations that may impede on their parenting capacity.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you able to provide a suitable Guardian for your adopted child? | Yes |  | No |  |

**Willingness to work with Adoption Victoria**

The *Victorian Adoption Act (1984)* imposes a duty on Adoption Victoria to ensure that any adoptions provide for the welfare and best interest of the child concern. To meet this duty, the Adoption Victoria program needs to be able to maintain a co-operative and trusting relationship with the prospective adopting parents. Without this relationship, the agency cannot exercise guardianship effectively.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you understand and accept the role of Adoption Victoria and agree to work with the program in this way? | Yes |  | No |  |

|  |
| --- |
| <Please provide details of your understanding> |

**Consent to Exchange Information**

If you have been approved as a foster carer or permanent carer, please select ONE of the following:

 I/We CONSENT for the relevant Adoption Agency; Adoption Services Team, Permanent Care Team and/or Foster Care Team to discuss my Expression of Interest and Foster/Permanent Care experience with Adoption Victoria

 I/We DO NOT CONSENT for the relevant Adoption Agency; Adoption Services Team, Permanent Care Team and/or Foster Care Team to discuss my Expression of Interest and Foster/Permanent Care experience with Adoption Victoria

**Confirmation of Understanding**

We/I have provided accurate, complete and truthful information and understood that Adoption Victoria reserves the right to refuse the progression of an application if accurate, complete and truthful information is not provided.

We/I have read and understood the Adoption Victoria Information Kit and Expression of Interest Factsheet and we/I would be ready to proceed immediately if the information contained in this questionnaire is deemed to meet the needs of the children requiring adoption.

##

## Signatures

Applicant 1

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

Applicant 2

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

To receive this form in an accessible format phone 1300 194 754, using the National Relay Service 13 36 77 if required, or email Adoption Victoria  adoptionsvic@justice.vic.gov.au

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Available on the [Adoption Victoria](https://www.vic.gov.au/adopt-child) page of our Adoption Services website <https://www.vic.gov.au/adoption>