



ADOPTION FAMILY DETAIL FORM

NAMES

First Applicant:	D.O.B.
Ethnic Origin:	Religion:

Second Applicant:	D.O.B.
Ethnic Origin:	Religion:

ADDRESS

Home telephone no:	Work telephone no:
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Have you undergone any fertility treatment? If yes when was the last treatment concluded?

DETAILS OF CHILDREN IN THE FAMILY

Name(s)	Gender (M or F)	D.O.B.	Birth (B) or Adopted (A)

PLEASE GIVE PARTICULARS OF ALL OTHER PERSONS RESIDING AT YOUR ADDRESS

Name(s)	Gender (M or F)	AGE	Relationship to Applicant

MARRIAGE/PARTNERSHIP

How long have you been in a relationship with your current partner?

If married how long have you been married?

BRIEF DETAILS OF THE CHILD(REN) YOU WOULD LIKE TO ADOPT

i.e. age, gender, ethnic origin, special needs

HAS EITHER APPLICANT BEEN CONVICTED OF ANY OFFENCE?

First Applicant	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES please give details
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Second Applicant	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES please give details
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HAS EITHER APPLICANT BEEN KNOWN OR IS CURRENTLY KNOWN TO SOCIAL SERVICES?

First Applicant	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES please give details
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Second Applicant	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES please give details
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**WHAT DO YOU THINK YOU CAN OFFER A CHILD?
WHAT ARE YOUR PERSONAL STRENGTHS AS A PROSPECTIVE ADOPTIVE FAMILY?**

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PLEASE LIST ANY FACTORS REGARDING YOURSELF OR YOUR FAMILY WHICH YOU PERCEIVE MAY BE A CONCERN TO YOURSELF OR US IN YOUR APPLICATION TO ADOPT

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HAVE YOU PREVIOUSLY APPLIED TO ADOPT WITH THE EAST RIDING OR ANOTHER AGENCY?

YES <input type="checkbox"/> (please give details)	NO <input type="checkbox"/>
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I HAVE READ AND UNDERSTOOD THE INFORMATION INCLUDED IN THE ADOPTION ENQUIRY PACK

SIGNED First Applicant:	Date:
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SIGNED Second Applicant:	Date:
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**Please complete and return to:
The Adoption Team, Child Care Resources, Beck View Road, Grovehill, HU17 8JT**