

QUESTIONNAIRE FOR APPLICANTS REQUESTING CHILD TO BE ADOPTED

I. PERSONAL DATA

Name and surname:	Née:
Date and place of birth:	Birth number:
Address:	
State citizenship:	Nationality:
Marital status:	Religion:
Number of ID Card (passport):	

EDUCATION (name of school, apprenticeship, certificates)

Basic Trained in field

Secondary University

other professional examinations

EMPLOYMENT (name of employer, your position at work, etc.)

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INTERESTS

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Are you a member of:

a special-interest club	yes / no	a political party	yes / no
a sports club	yes / no	a religious society	yes / no
a civic association	yes / no	other	

Have you worked do you work with children yes / no

STATE OF HEALTH

- Do you suffer from any physical sensory or mental affliction yes / no
 If so, is this state inborn permanent long-term short-term ?
- Illnesses for which you are being treated:
- Have you been are you being treated for addiction yes / no
 to drugs alcohol gaming other , which one
- Other information on your state of health (allergies, long-term use of medicines, etc.):

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PARENTS

Mother

Name and surname:

Née:

Date and place of birth:

Year of death:

Cause of death:

Father

Name and surname:

Date and place of birth:

Year of death:

Cause of death:

Siblings

yes / no

how many:

your position (1st, 3rd, etc.):

MARRIAGE

Spouse

Name and surname:

Née:

Date and place of birth:

Birth number:

Date of marriage:

How long did you know each other before marriage:

How long did you live together before marriage:

Ordinal number of marriage:

If you have been divorced:

how often:

in which year:

Who proposed the divorce and for what reason:

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Children from previous marriages

yes / no

how many:

Are you in contact with the children

yes / no

how often:

Is there anyone else living in your household

yes / no

(who, why, how long, how does he/she participate in life of household, etc.)

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State of health:

Has undergone common childhood illnesses:

- suffers from physical sensory or mental handicap yes / no
if yes, is this state inborn permanent long-term short-term ?
- is undergoing long-term treatment:

Other information:

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3. Name and surname:

Date of birth:

Present address:

Child is own adopted in foster care spouse's other

State of health:

Has undergone common childhood illnesses:

- suffers from physical sensory or mental handicap yes / no
if yes, is this state inborn permanent long-term short-term ?
- is undergoing long-term treatment:

Other information:

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State whether you have helped to bring up or brought up any child, present relations with this child, its age; problems which occurred during upbringing; your knowledge and tendencies in upbringing; mention also other experience and knowledge of working with children:

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I confirm that the information I have given is truthful and I am aware that providing incorrect information may lead to my application being removed from the register of applicants.

Date:

Signature of applicant:

ENTRUSTING OF CHILD INTO YOUR CARE

(applicants fill this in jointly)

1. Why and for how long have you been considering taking a child into your care?.
.**2. Have you told anyone of your intention and what was their reaction to your decision?**

your children:

the person living jointly with you in the household:

parents / siblings:

your extended family:

others:

3. Do you wish to wait for a child to be found who meets your expectations?

yes / no

how long:

why:

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4. Which of the following possibilities is more acceptable to you:

a) to acquire a child as soon as possible, it does not matter what it is like;

b) to wait as long as necessary until a child meeting your expectations is found.

5. Do you want the adoption kept secret from those around you?

yes

no

I don't know

no way

6. Who will remain with the child once it is received into the family at home?

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7. Will someone help you with the upbringing of the child?

yes / no

who:

8. Would you accept a child from a different ethnic background to your own?

yes

no

I don't know

no way

which:

9. Would you accept a child found to havea physical handicap

yes / no / I don't know / no way

a sensory handicap

yes / no / I don't know / no way

a mental handicap

yes / no / I don't know / no way

other illness

yes / no / I don't know / no way

What illness would not trouble you?

curable incurable clearly visible

other: .

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YOUR EXPECTATIONS OF THE CHILD AND THE REASONS FOR THEM:

Sex:

Age:

Appearance, nature, origin, etc.:

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State of health (intellect) of the child:

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Other:

Signature of female applicant:

Signature of male applicant:

Date:

TO BE ENCLOSED WITH THE QUESTIONNAIRE:*

1. the birth certificate of the applicant
2. the marriage certificate of the applicant
3. medical history report on the applicant
4. copy of the applicant's records from the Criminal register
5. certificate issued by the applicant's employer on the annual income of the applicant (copy of the applicant's tax declaration)
6. photos the applicant

* All of the above documents have to be translated into the Slovak language in their proper form /i.e. certified by the competent authority/ and shall not be older than 3 months. Photos shall not be older than 6 months.
