

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

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.):

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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HOUSING CONDITIONS

(State how you live, size of flat or house, have you a garden, facilities at home and in environs, etc.)

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State ownership of house of flat in which you live

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OTHER PROPERTY RELATIONSHIPS

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YOUR FINANCIAL SITUATION

Regular income yes / no amount:

Non-regular, occasional income yes / no

State social support benefits yes / no which: amount:

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Social care benefits yes / no which: amount:

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Obligatory alimony determined by court yes / no amount:

Other payments obligations yes / no which: amount:

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II. DATA ON CHILDREN

1. 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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2. 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:

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:

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:

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: