|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| We ………………………………………………………...and………………………………………………………………………………...  (*Name applicant 1.*) *(Name applicant 2.)*  of …………………………………………………………….…………………………........................................................................  *(Insert home address and postal address)*  Wish to register with the Territory Families Adoption Unit (TFAU) to adopt a child born overseas or locally born who is available for adoption  Our Nominated Countries; | | | | | | |
| And declare that:  1. I/We have not previously registered as Prospective Adoptive Parents and had that registration cancelled  2. A child has not been removed from my/our care.  3. I/We have not been convicted of an offence involving violence towards a child, abuse of a child or abduction of a child.  4. My/our physical and mental health will enable us to adequately care for a child.  5. The details supplied are to the best of my/our knowledge accurate and I/we understand that this registration does not guarantee an invitation to apply from the TFAU to register as a prospective adoptive parent. | | | | | | |
| Signature of Applicant: | | | | | | |
| Applicant 1. | |  | Applicant 2. | | |  |
| Name: | |  | Name: | | |  |
| Date: | |  | Date: | | |  |
| **Information in support of expression of interest** | | | | | | |
|  | | Applicant 1. | | | Applicant 2. | |
| Surname: | |  | | |  | |
| Given names: | |  | | |  | |
| Any previous names: | |  | | |  | |
| DOB: | |  | | |  | |
| Address: | |  | | |  | |
| Suburb: | |  | | |  | |
| Postcode: | |  | | |  | |
| Phone: | |  | | |  | |
| Email: | |  | | |  | |
| Date of Marriage  Or Defacto relationship: | |  | | |  | |
| Details of previous marriages/divorce: | |  | | |  | |
| Place of birth: | |  | | |  | |
| Nationality: | |  | | |  | |
| Date citizenship granted: | |  | | |  | |
| Occupation: | |  | | |  | |
| Net income per annum: | |  | | |  | |
| Religious denomination: | |  | | |  | |
| Have you previously applied to adopt:  If **YES** list State/Country | |  | | |  | |
| Children  Please list any children (if any) in your care: | | | | | | |
| **Full name** | **DOB** | | **Gender** | **Biological, Adopted, Foster, From previous union** | | |
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| Please list all children (if any) not in your current care, including biological or adopted children from previous unions | | | | | | |
| **Full name** | | **DOB** | **Gender** | **Biological, Adopted, Foster, From previous union** | | |
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| **Please state your preference in relation to a child** | | | | | | |
| Age range: | | |  | | | |
| Maximum age accepted: | | |  | | | |
| Religion planned for child (if any): | | |  | | | |
| Would you **consider** adopting a child with: | | | | | | |
| A minor physical disability? | | |  | | | |
| A minor intellectual disability? | | |  | | | |
| A minor emotional disability? | | |  | | | |
| Would you consider siblings? | | |  | | | |
| **Any additional Information you wish to provide** | | | | | | |
|  | | | | | | |
| **Links-** [*https://www.intercountryadoption.gov.au/*](https://www.intercountryadoption.gov.au/)  [*https://nt.gov.au/community/child-protection-and-care/adoption*](https://nt.gov.au/community/child-protection-and-care/adoption) | | | | | | |
| **A photograph of applicants is also required to accompany this form**  *(Please attach below)*  *Photo of applicant/s*  *Photo of applicant/s and children if applicable.* | | | | | | |
| **Please return completed form to:**  TFHC.Adoptions@nt.gov.au  Or mail; TF Adoption Unit  PO Box 37037  WINNELLIE NT 0820  Phone: (08) 8922 5519  (+61 International) | | | | | | |
|  | | | | | | |
| End of form | | | | | | |