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| 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 adoptionOur Nominated Countries;  |
| And declare that:1. I/We have not previously registered as Prospective Adoptive Parents and had that registration cancelled2. 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 MarriageOr 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 |  |  |
| ChildrenPlease 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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **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 UnitPO Box 37037WINNELLIE NT 0820 Phone: (08) 8922 5519 (+61 International) |
|  |
| End of form |