|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | |
| Fields marked with asterisk (\*) are mandatory.  Fields marked with caret (^) are office use only. | | | | | | | | | | | |
| Information in support of expression of interest | | | | | | | | | | | |
|  | | | | Applicant | | | | | Partners details | | |
| Surname\* | | | |  | | | | |  | | |
| Given name(s) \* | | | |  | | | | |  | | |
| Previous name(s) | | | |  | | | | |  | | |
| Address\* | | | |  | | | | |  | | |
| Suburb\* | | | |  | | | | |  | | |
| Postcode\* | | | |  | | | | |  | | |
| Phone number\* | | | |  | | | | |  | | |
| Email\* | | | |  | | | | |  | | |
| Date of Marriage Or Defacto relationship\* | | | |  | | | | |  | | |
| Details of previous marriages/divorce | | | |  | | | | |  | | |
| Date of Birth\* | | | |  | | | | |  | | |
| Place of birth\* | | | |  | | | | |  | | |
| Nationality\* | | | |  | | | | |  | | |
| Date citizenship granted | | | |  | | | | |  | | |
| Occupation\* | | | |  | | | | |  | | |
| Net income per annum\* | | | |  | | | | |  | | |
| Religious denomination\* | | | |  | | | | |  | | |
| Children currently in your care | | | | | | | | | | | |
| Full name | | | Date of Birth | | Gender | | Biological, Adopted, Foster, From previous union | | | | |
|  | | |  | |  | |  | | | | |
|  | | |  | |  | |  | | | | |
|  | | |  | |  | |  | | | | |
|  | | |  | |  | |  | | | | |
|  | | |  | |  | |  | | | | |
|  | | |  | |  | |  | | | | |
| Any additional Information you wish to provide | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Please attach a photograph of applicants and child/ren you wish to adpot. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Declaration | | | | | | | | | | | |
| I\* | |  | | | | of,\* | |  | | | |
| wish to register with the Territory Families Adoption Unit (TFAU) to adopt a child/ren born of my spouse/partner and declare that:   1. I have not previously registered as a prospective Adoptive Step Parents and had that registration cancelled 2. A child has not been removed from my care. 3. I have not been convicted of an offence involving violence towards a child, abuse of a child or abduction of a child. 4. My physical and mental health will enable me to care for a child adequately.   The details supplied are to the best of my knowledge. | | | | | | | | | | | |
| Name\* | |  | | | | | | | | Date\* |  |
| Signature\* | |  | | | | | | | | | |
| Further information Email your 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 | | | | | | | | | | | |