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|  | 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 |
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| 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 informationEmail your 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 |