

**Change a child’s world**

***Adopt with Perth and Kinross Council***

**Initial Enquiry Form**

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| --- | --- | --- |
|   | **1st Applicant** | **2nd Applicant** |
| **Title** |   |   |
| **Forenames** |   |   |
| **Surname** |   |   |
| **Address** |   |   |
| **Postcode** |   |   |
| **Telephone** |   |   |
| **Email** |   |   |
| **Date of Birth** |   |   |
| **If applicable, what is the length of your relationship?** |   |

**Does anyone else live in your household?**

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| **Name** | **Date of Birth** | **Gender** | **Relationship to you**

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| **Do you have a spare room?** | Yes / No |
| **Are there any smokers in the household?** | Yes / NoIf yes, please give details |
| **Do you work? (Please give details of employment, hours worked)** | **1st Applicant** | **2nd Applicant** |
|   |   |
| **If applicable, plans for adoption leave?** |   |   |
| **Health: Have you ever been diagnosed with a learning disability/difficulty and/or are Neurodiverse?****If yes, please give date of diagnosis and details of diagnoses** |  Yes/No | Yes/No |
| **If you have any diagnoses, do you have any ongoing support and professionals involved as a result? Please provide names and job titles of the professionals involved.****Is there any additional support that you may need for this assessment?****Any other barriers?** |  |  |
| **What children particularly interest you?** | Pre-School [ ] Primary School [ ] Single child [ ] Siblings [ ] Gender: Male [ ]  Female [ ]  |
| **Why do you feel now is the right time to think more about adoption?** |
|  |
| **Do you have childcare experience?** |
|  |
| **Do you have any other information you wish to tell us?** |
|  |

**Please return this form to:**

**The Adoption Team
Almondbank House
Lewis Place**

**North Muirton**

**Perth**

**Perth & Kinross**

**PH1 3BD**

**Or email it to** **adoptionenquiries@pkc.gov.uk**

**Or call and speak to one of the adoption team on 01738 472260**