

**Change a child’s world**

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

**Initial Enquiry Form**

|  |  |  |
| --- | --- | --- |
|  | **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 lives in your household?**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Do you have a  spare room?** | Yes / No | | | | | |
| **Are there any smokers in the household?** | Yes / No  If yes, please give details | | | | | |
| **Do you work? (Please give details of employment, hours worked)** | 1st Applicant | | | 2nd Applicant | | |
|  | | |  | | |
| **If applicable, plans for adoption leave?** |  | | |  | | |
| **What children  particularly  interest you?** | Pre-School Single Child Gender: |  | Primary School  Siblings  / female | |  |  |
| male |  |

**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**](mailto:ecsfosteringandadoption@pkc.gov.uk)

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