Queensland Government

Adoption Expression of Interest

Adoption Act 2009 (sections 69, 71, 77, 78, 83)

This form is used to express interest in the Queensland, Intercountry, or both the Queensland and Intercountry adoption programs.

Information contained in Part A of this form will be used to decide if you are eligible to have your name/s entered in the Expression of Interest Register. Information contained in both Part A and Part B of this form may also be used when selecting a person/s to be assessed in regard to suitability to be an adoptive parent.

You will be notified when a decision has been made about whether you are eligible to have your name/s entered in the Expression of Interest Register.

Your expression of interest will automatically expire if you are not selected for assessment within two years of your name/s being entered in the Expression of Interest Register. If your expression of interest expires you may lodge another expression of interest should you wish to do so.

Please complete the sections of the form relevant to you. If you have any questions about completing this form, please refer to the *Guide to completing an adoption expression of interest form* available on the Department of Families, Seniors, Disability Services and Child Safety website or phone Adoption and Permanent Care Services on (07) 3097 5100 or 1800 647 983 (free call within Queensland).

Please attach additional pages if there is insufficient space provided to answer the questions. It is necessary for you and all adult members of your household to sign this form.

Note: People are required to lodge certified copies of the relevant original documents (listed in the checklist on page 19 of this form) together with the completed and signed form.

A certified copy is a true copy of an original document that has been certified in writing by a qualified witness as being a true copy of an original document that has been sighted.

Qualified witnesses include:

- A departmental officer
- A lawyer or notary public
- A Justice of the Peace or Commissioner for Declarations
- A Police Officer
- A medical practitioner

Please print clearly using BLOCK LETTERS

Please tick boxes where required.

Please return completed form:

by mail to:

Adoption and Permanent Care Services
Department of Families, Seniors, Disability Services and Child Safety
GPO Box 1789 Brisbane QLD 4001

PART A – Eligibility for inclusion in the Expression of Interest Register

To be eligible to have your name/s entered and remain in the Expression of Interest Register you must satisfy all of the following eligibility criteria:

- You are an adult
- Either you or your partner (if applicable) are an Australian citizen
- You reside or are domiciled in Queensland
- You are not pregnant (female)
- You are not an intended parent under a surrogacy arrangement within the meaning of the *Surrogacy Act 2010*
- If you have been an intended parent under a surrogacy arrangement within the meaning of the *Surrogacy Act 2010*, the surrogacy arrangement ended at least 6 months earlier
- You do not have custody of either a child aged less than 1 year or a child who has been in your custody for less than 1 year (excluding children for whom you are an approved carer under the *Child Protection Act 1999*)
- Your name is not already in the Expression of Interest Register or Suitable Adoptive Parents Register
- If you have a spouse/partner, your spouse/partner is also eligible

If you are unsure whether you meet the eligibility criteria to have your names entered in the Expression of Interest Register, please phone Adoption Services on (07) 3097 5100 or 1800 647 983 (free call within Queensland) to discuss.

1. Have you ever previously lodged an expression of interest that expired?

☐ No ☐ Yes If Yes, what date did the expression of interest expire if applicable? Date / /

2. Is your name currently entered in the Expression of Interest Register?

☐ No ☐ Yes* If Yes, what date was your name entered in the register? Date / /

3. Is your name currently entered in the Suitable Adoptive Parents Register?

☐ No ☐ Yes* If Yes, what date was your name entered in the register? Date / /

4. **Are you currently placed with a child on an Interim Adoption Order?**

☐ No ☐ Yes* If Yes, what date was the order made? Date / /

* If you answered **yes** to question 2, 3, or 4 you are not eligible to lodge another expression of interest at this time. Please contact Adoption Services to discuss.

5. Nomination in relation to the Queensland and Intercountry children's adoption programs

You may express interest in having your suitability to be an adoptive parent assessed for a child in Queensland or a child from overseas. You may express interest in both the Queensland and Intercountry programs. If you express interest in both adoption programs, your interest in both programs will continue to be noted in the register until the expression of interest expires, your name is removed from the register or your suitability to be adoptive parents for a child under one program, for example Intercountry adoption, has been assessed.

I/We wish to express our interest in: (please tick applicable box)

- ☐ Queensland Adoption Program
- ☐ Intercountry Adoption Program
- ☐ Both Queensland and Intercountry Adoption

Please provide additional information, for example if you have nominated both the Queensland and Intercountry adoption programs, do you have a program preference?

6. Name and contact details

	Person 1	Person 2 (if applicable)
Preferred title (for example: Mr, Mrs, Ms, Dr)		
Surname		
Given name/s		
Gender		
Other names (other names you have been known by – for example, maiden name, prior married name, name prior to deed poll change, abbreviation, nickname)		
Telephone contact numbers - please indicate with an * the preferred contact number	Home	Home
	Mobile	Mobile
	Work	Work
Email Address		
Residential Address	Number and Street Address …… …… Suburb …… State …… Postcode …… How long have you lived at this address? ……	
Postal address (if applicable)	☐ As above Number and Street Address …… …… Suburb …… State …… Postcode …… ……	

7. Information required to establish eligibility

	Person 1	**Person 2 (if applicable)**
Date of birth		
Place of birth (town, country)		
Are you an Australian Citizen?	☐ Yes ☐ No	☐ Yes ☐ No
Are you currently pregnant?	☐ Yes ☐ No	☐ Yes ☐ No
Are you intended parents for a surrogacy arrangement within the meaning of the *Surrogacy Act 2010*? Intended parents are defined as a person or persons who agree to become permanently responsible for the custody and guardianship of a child born as a result of the surrogacy arrangement.	☐ Yes ☐ No	☐ Yes ☐ No
Have you been intended parents for a surrogacy arrangement within the meaning of the *Surrogacy Act 2010* in the last 6 months?	☐ Yes ☐ No If Yes has the surrogacy agreement ended? ☐ Yes ☐ No If Yes please provide the date the surrogacy agreement ended Date / /	☐ Yes ☐ No If Yes has the surrogacy agreement ended? ☐ Yes ☐ No If Yes please provide the date the surrogacy agreement ended Date / /
Do you intend to commence/ recommence surrogacy in the future?	☐ Yes ☐ No ☐ Uncertain If yes please indicate time frame ……	☐ Yes ☐ No ☐ Uncertain If yes please indicate time frame ……
Do you have custody of a child who has been in your care for less than 1 year? (excluding a child or children for whom you are an approved carer under the *Child Protection Act 1999*)	☐ Yes ☐ No If yes please provide details: …… …… …… ……	☐ Yes ☐ No If yes please provide details: …… …… …… ……
For a person who has a spouse, you and your spouse are making a joint expression of interest and are living together.	☐ Yes ☐ No	☐ Yes ☐ No

If you believe that you satisfy all the eligability criteria to have your name/s entered in the Expression of Interest Register, please proceed to complete Part B of the form. Information collected in Part B of the form may be used when selecting person/s to be assessed.

If you believe that you may not be eligible to have your name/s entered in the Expression of Interest Register, please phone Adoption and Permanent Care Services on (07) 3097 5100 or 1800 647 983 (free call within Queensland) to discuss before proceeding to complete Part B of the form.

PART B:

Additional information requested

1. Cultural and ethnic background

	Person 1	**Person 2 (if applicable)**
Are you of Aboriginal, Torres Strait Islander or South Sea Islander descent?	☐ Yes, Aboriginal descent ☐ Yes, Torres Strait Islander descent ☐ Yes, Aboriginal and Torres Strait Islander descent ☐ Yes, South Sea Islander descent ☐ No ☐ Unknown If Aboriginal or Torres Strait Islander descent please provide details of your community and language group (if known): ……	☐ Yes, Aboriginal descent ☐ Yes, Torres Strait Islander descent ☐ Yes, Aboriginal and Torres Strait Islander descent ☐ Yes, South Sea Islander descent ☐ No ☐ Unknown If Aboriginal or Torres Strait Islander descent please provide details of your community and language group (if known): ……
In addition to the above, please provide details of your cultural and ethnic background (if known)	…… …… ……	…… …… ……
Please provide details of the cultural and ethnic background of members of your extended family (if known)	…… …… …… …… …… ……	…… …… …… …… …… ……
Do you identify with or have a connection with a particular cultural or ethnic group/s?	☐ Yes ☐ No If yes please specify: ……	☐ Yes ☐ No If yes please specify: ……
Please specify any language spoken and fluency (other than English)	Language …… Fluent ☐ Yes ☐ No Language …… Fluent ☐ Yes ☐ No Language …… Fluent ☐ Yes ☐ No	Language …… Fluent ☐ Yes ☐ No Language …… Fluent ☐ Yes ☐ No Language …… Fluent ☐ Yes ☐ No
Have you resided in another country?	☐ Yes ☐ No If yes please specify: Country: …… Date from: / / to / / Country: …… Date from: / / to / /	☐ Yes ☐ No If yes please specify: Country: …… Date from: / / to / / Country: …… Date from: / / to / /

Relationship	Person 1	Person 2 (if applicable)
If you have a partner are you living together and what is the length of your relationship	☐ Yes ☐ No If yes please supply details: Date you started your relationship …… Date you started you started living together ……	
Are you married?	☐ Yes ☐ No If yes please supply details: Date of marriage …… Place of marriage ……	
Please provide details of any former marriages (for example, if divorced, date of decree absolute or if your spouse is deceased, date of death of former spouse)		

2. Education and employment history

	Person 1	Person 2 (if applicable)
Highest level of education you have completed	Have you completed Year 12 or its equivalent? ☐ Yes ☐ No Please provide details of any other education or training you have completed (e.g. trade certificate, vocational training, diploma or degree) Qualification …… Date completed / / Please attach extra pages if necessary	Have you completed Year 12 or its equivalent? ☐ Yes ☐ No Please provide details of any other education or training you have completed (e.g. trade certificate, vocational training, diploma or degree) Qualification …… Date completed / / Please attach extra pages if necessary
Present occupation and employer	Occupation: …….. Employer: …… Length of time in present occupation: …… Years …….. Months	Occupation: …….. Employer: …… Length of time in present occupation: …… Years …….. Months
Previous occupation/s (including voluntary work if applicable)	Occupation: …….. Employer: …… Length of time in present occupation: …… Years …….. Months	Occupation: …….. Employer: …… Length of time in present occupation: …… Years …….. Months
	Occupation: …….. Employer: …… Length of time in occupation: …… Years …….. Months	Occupation: …….. Employer: …… Length of time in occupation: …… Years …….. Months
	Occupation: …….. Employer: …… Length of time in occupation: …… Years …….. Months	Occupation: …….. Employer: …… Length of time in occupation: …… Years …….. Months

3. Details of your children (if applicable)

Please provide details of your children. This includes children living with you, children who are now adults and living independently, children of former relationships and marriages, and children who are not living with you or children who are deceased.

	1st Child	2nd Child	3rd Child	4th Child
Name in Full				
Gender				
Date of Birth	/ /	/ /	/ /	/ /
Relationship to person 1				
Relationship to person 2				
It the child is deceased Please provide details about the child who is deceased				
With whom does the child reside (where relevant)				
Does the child reside with you full time? If not, please specify the amount of time the child is in your care. In addition, specify any legal or private arrangements in place (i.e. children are subject to a child protection order, a parenting order or a private family arrangement)				

	Person 1	Person 2 (if applicable)
Have you previously expressed interest (or applied) to adopt a child in Queensland or in another state or territory?	☐ Yes ☐ No If Yes, please provide details including outcome of the expression of interest (or application) …… ……	☐ Yes ☐ No If Yes, please provide details including outcome of the expression of interest (or application) …… ……
Are you an adoptive parent?	☐ Yes ☐ No If Yes, please provide details including the child's date and place of birth, the date of placement, and the date of the final adoption order, if known Name: …… Date of birth / / Place of birth …… Placement date: …… Date final adoption order was made: / / Country or state in which the final adoption order was made: ……	☐ Yes ☐ No If Yes, please provide details including the child's date and place of birth, the date of placement, and the date of the final adoption order, if known Name: …… Date of birth / / Place of birth …… Placement date: …… Date final adoption order was made: / / Country or state in which the final adoption order was made: ……
Are you the birth parent of a child who has been adopted?	☐ Yes ☐ No If Yes, please provide details of the adoption (e.g. the date and place where the adoption occurred) …… ……	☐ Yes ☐ No If Yes, please provide details of the adoption (e.g. the date and place where the adoption occurred…… ……
Are you adopted?	☐ Yes ☐ No If Yes, please provide details including place of adoption …… ……	☐ Yes ☐ No If Yes, please provide details including place of adoption …… ……

4. Other household members

Please provide details of all persons excluding children, currently living with you in your household (e.g. extended family members and friends, boarders and students).

	1st Adult	2nd Adult	3rd Adult	4th Adult
Name in full				
Previous names (e.g. maiden name, prior married name, name prior to deed poll change)				
Gender				
Date and place of birth				
Relationship to you				
Does the person reside with you full time? If no, provide details				
Length of time person has resided with you				

5. Personal History

Personal history information is considered in the assessment of a person's suitability to be an adoptive parent. Personal history checks will only be undertaken if you are selected for assessment. Personal history means all child protection information and criminal history, domestic violence, traffic information including all fines, charges, orders and convictions and in some circumstances, investigative information ***irrespective of when this occurred***. This may also include overseas or interstate history of persons who have resided outside of Queensland for 12 months or longer. Please refer to the guide for what is considered in personal history checks.

	Person 1	**Person 2 (if applicable)**
Do you have any criminal history, information including any fines or charges laid against you or awaiting determination, in Queensland, interstate or internationally?	☐ Yes ☐ No If Yes, please provide details (attach extra page or copies of documents if necessary) …… ……	☐ Yes ☐ No If Yes, please provide details (attach extra page or copies of documents if necessary) …… ……
Do you have any traffic history, including any fines or charges laid against you or awaiting determination, in Queensland, interstate or internationally?	☐ Yes ☐ No If Yes, please provide details (attach extra page or copies of documents if necessary) …… ……	☐ Yes ☐ No If Yes, please provide details (attach extra page or copies of documents if necessary) …… ……
Have you ever applied to the court for a domestic violence order in Queensland, interstate or internationally?	☐ Yes ☐ No If Yes, please provide details (attach extra page or copies of documents if necessary) …… ……	☐ Yes ☐ No If Yes, please provide details (attach extra page or copies of documents if necessary) …… ……
Have you ever been the perpetrator or alleged perpetrator of domestic violence?	☐ Yes ☐ No If Yes, please provide details (attach extra page or copies of documents if necessary) …… ……	☐ Yes ☐ No If Yes, please provide details (attach extra page or copies of documents if necessary) …… ……
Has a court made a domestic violence order against you in Queensland, interstate or internationally?	☐ Yes ☐ No If Yes, please provide details (attach extra page or copies of documents if necessary) …… ……	☐ Yes ☐ No If Yes, please provide details (attach extra page or copies of documents if necessary) …… ……
Are you aware of any criminal, domestic or traffic history, including charges laid against a member of your household, in Queensland, interstate or internationally?	☐ Yes ☐ No If Yes, please provide details (attach extra page or copies of documents if necessary) …… ……	☐ Yes ☐ No If Yes, please provide details (attach extra page or copies of documents if necessary) …… ……

6. Previous contact with child protection authorities

Information from child protection records is reviewed and considered in the assessment of a person's suitability to be an adoptive parent.

	Person 1	**Person 2 (if applicable)**
Have you previously applied or been approved to be a foster carer or kinship carer in Queensland or interstate?	☐ Yes ☐ No If Yes, please provide details …… ……	☐ Yes ☐ No If Yes, please provide details …… ……
Have you had any involvement with a child protection authority either in Queensland, interstate or internationally? (For example, have you or your child/ren been the subject of a child protection notification or investigation or been the subject of a child protection order granted by a court in Queensland, interstate or internationally)	☐ Yes ☐ No If Yes, please provide details (attach extra pages if necessary) …… …… …… …… ……	☐ Yes ☐ No If Yes, please provide details (attach extra pages if necessary) …… …… …… …… ……

7. Health Information

Information about a person's health is considered to determine whether they are physically, mentally and emotionally able to provide a high level of stable, long term care for a child. Please attach additional pages if necessary to provide all relevant information.

If you are selected for assessment, you will be required to provide health reports completed by your medical practitioner or treating specialist/s.

	Person 1	**Person 2 (if applicable)**
Please describe your current state of health		
Please provide your current height and weight	Height …… cm Weight …… kg	Height …… cm Weight …… kg
Are you affected by infertility?	☐ Yes ☐ No If Yes, please provide details …… ……	☐ Yes ☐ No If Yes, please provide details …… ……
Have you previously undertaken fertility treatment, including IVF, GIFT, or other assisted reproductive treatments?	☐ Yes ☐ No If Yes, date of last treatment Date: / /	☐ Yes ☐ No If Yes, date of last treatment Date: / /
Are you currently undertaking fertility treatment?	☐ Yes ☐ No	☐ Yes ☐ No
Do you intend to commence/ recommence fertility treatment in the future?	☐ Yes ☐ No ☐ Uncertain If Yes, please indicate timeframe: ……	☐ Yes ☐ No ☐ Uncertain If Yes, please indicate timeframe: ……

	Person 1	Person 2 (if applicable)
Please list any medical condition or illness you have been diagnosed with and any medication you are currently prescribed.	…… …… …… ……	…… …… …… ……
Please list any illicit drugs you are currently using and provide details of nature and frequency of use	…… …… …… ……	…… …… …… ……
Do you currently smoke?	☐ Yes ☐ No If Yes, please provide details including nature and frequency of use ……	☐ Yes ☐ No If Yes, please provide details including nature and frequency of use ……
Do you drink alcohol?	☐ Yes ☐ No If Yes, please provide details including frequency of use ……	☐ Yes ☐ No If Yes, please provide details including frequency of use ……
Please provide details of any psychological or psychiatric diagnosis, assessments or tests you have been given or have previously undergone	…… …… …… ……	…… …… …… ……
Please provide details of any psychological or psychiatric diagnosis, treatment or therapy you have had or are receiving currently	…… …… …… ……	…… …… …… ……

Family History please provide information about your biological family. Attach additional pages if insufficient space)

	Person 1	Person 2 (if applicable)
Please provide information about your parents	Name: …… Date of birth: / / ☐ Living ☐ Deceased Name: …… Date of birth: / / ☐ Living ☐ Deceased	Name: …… Date of birth: / / ☐ Living ☐ Deceased Name: …… Date of birth: / / ☐ Living ☐ Deceased
Please provide details of any significant illnesses, medical conditions or genetic disorders which have affected you or members of your immediate and extended family. (For example, your siblings or parents)	…… …… …… ……	…… …… …… ……

8. Religion

Some birth parents indicate preferences regarding the religion or spiritual belief in which they want their child to be raised and some overseas authorities require children to be placed with adoptive parent/s who hold a particular level of religious commitment.

	Person 1	**Person 2 (if applicable)**
Do you associate with or identify with a particular faith?	☐ Yes ☐ No If Yes, please provide indicate religion/faith ……	☐ Yes ☐ No If Yes, please provide indicate religion/faith ……
Do you attend a place of worship?	☐ Yes ☐ No If yes please indicate frequency of attendance (e.g. once a week, twice a week, or once a month) ……	☐ Yes ☐ No If yes please indicate frequency of attendance (e.g. once a week, twice a week, or once a month) ……
Are you active in a church community?	☐ Yes ☐ No If Yes, please provide details of your involvement with the church community. …… ……	☐ Yes ☐ No If Yes, please provide details of your involvement with the church community. …… ……
If approved as suitable to be an adoptive parent, would you intend to have your child/ren christened, baptised or dedicated.	☐ Yes ☐ No ☐ Not applicable If Yes, please provide indicate religion or faith ……	☐ Yes ☐ No ☐ Not applicable If Yes, please provide indicate religion or faith ……

9. Information about children requiring adoptive families

Children who require adoptive families often have specific needs due to their age, family background, culture, lifestyle background of the birth parent/s, medical conditions or medical history. In addition, for the intercountry adoption program, the meaning of special needs varies from country to country. Children in the Queensland adoption program may also come from a variety of ethnic and cultural backgrounds.

A child's background may include complex medical or social issues, for example, a child's father may be unknown, the child's mother may have received limited antenatal care, there may be a family history of psychiatric illness, parental drug dependence, there may be family members with developmental delays, a child may have experienced neglect, abuse (physical, sexual, emotional), institutional care, conception may be the result of incest or rape, a child may have a transmittable disease, physical or intellectual disability or shortened life expectancy. Alternatively, very limited information may be known about a child requiring an adoptive placement.

To meet the needs of all children who require adoptive families, it is important to identify person/s who could consider parenting children with a range of specific needs. When completing this section please include information about any specific special skills or experience that you have that may contribute to your capacity to meet the needs of a child with a background or backgrounds as listed below.

Please indicate characteristics and background of a child/ren you may have capacity to parent

Age group/s
- ☐ 0-6 months
- ☐ 6-12 months
- ☐ 1-2 years
- ☐ 2-3 years
- ☐ 3-4 years
- ☐ 4-5 years
- ☐ 5 years or older

Multiple births ☐ Yes ☐ No

A sibling group ☐ Yes ☐ No

Although a child's gender is not necessarily relevant to the child's placement needs, please detail any views you have regarding your capacity to parent a child of either gender.

Health needs:

Please provide information regarding the range of known medical conditions a child might have that you would be willing to consider and believe you have the capacity to parent. Please include information about the severity of the condition (i.e. mild, moderate, severe). Please refer to the department's website for further needs of children requiring adoption through the Queensland program. For Intercountry adoption please refer to the Intercountry Adoption Australia's and Australian Government Attorney-General Department websites for information about the needs of children requiring adoption from each of the different Intercountry programs.

Please provide information to support why you believe you may be able to meet the needs of a child with a particular medical condition.

A child born prematurely

☐ Yes ☐ No

If yes, please indicate approximately how many weeks premature you might consider and believe that you may have the capacity to parent. Please provide information to support why you believe you may be able to meet the needs of a child born prematurely.

A child whose birth mother was known to use substances during pregnancy such as drugs (prescribed or non-prescribed) or alcohol.

☐ Yes ☐ No

If yes, please indicate in relation to children you would consider parenting, the range of substances used and levels of consumption by a child's birth mother. Please provide information to support why you believe you may be able to meet the needs of a child whose birth mother has used substances during pregnancy.

A child who has or a child whose birth relative/s have a developmental delay or delays in the areas of cognitive, physical, sensory, and neurological functions.

☐ Yes ☐ No

If yes, please indicate the range or severity of developmental delays or intellectual impairment you would consider, including the severity of the developmental delay or intellectual impairment. Please provide information to support why you believe you may be able to meet the needs of a child who has a developmental delay or intellectual impairment.

A child who has a shortened life expectancy or terminal illness.

☐ Yes ☐ No

If yes, please provide information to support why you believe you may be able to meet the needs of a child with a shortened life expectancy or terminal illness.

A child who has an unknown life expectancy or undiagnosed condition.

Yes ☐ No

If yes, please provide information to support why you believe you may be able to meet the needs of a child with an unknown life expectancy or undiagnosed condition.

A child whose birth relatives have a history of mental illness (e.g. if a birth parent has a history of depression, anxiety disorder, or schizophrenia)

☐ Yes ☐ No

If yes, please indicate the type and range of mental health backgrounds of a child's parents you would consider. Please provide information to support why you believe you may be able to meet the needs of a child whose birth parent/s has a history of mental

Emotional needs:

A child who has been exposed to trauma which may include exposure to domestic violence, physical, sexual, emotional abuse or neglect prior to their adoptive placement

☐ Yes ☐ No

Children for which there is minimal information known about their experiences prior to their adoptive placement

☐ Yes ☐ No

If yes, please indicate the range of social backgrounds of a child and their parents you would be willing to consider. Please provide information supporting why you believe you can meet the needs of a child from a range of social backgrounds.

A child whose birth parent/s have a history of domestic violence, abuse or neglect or there are known child protection history about the birth parent/s.

☐ Yes ☐ No

Are you willing to consider a child where one or both of the parents are unknown or where there is minimal or no other information about one or both birth parents, other than their identity?

☐ Yes ☐ No

Cultural needs:

A child from a specific cultural or ethnic background

☐ Yes ☐ No

If yes, please indicate the specific cultural or ethnic backgrounds of the child you may consider parenting. Please provide information to support why you believe you may be able to meet the needs of a child from the specific cultural or ethnic background.

A child from an Indigenous background

☐ Yes ☐ No

Please provide information to support why you believe you may be able to meet the needs of a child from an Indigenous background. (Please attach extra pages if required)

10. Open adoption and the mailbox

Queensland's adoption laws support open adoption and the principles that are supportive of a child's best interest, throughout their life and a birth parents' preferences.

In many circumstances a child's birth parent/s may want their child to be placed with a person/s who agree to have some level of ongoing contact with the birth parent/s.

Contact may consist of indirect or direct contact, contact at agreed intervals or the exchange of identifying information or the exchange of non-identifying information through the mailbox service facilitated by Adoption Services.

If parties propose to have contact after an adoption order is made, the level of contact can be agreed by parties to the adoption and documented in an adoption plan.

An adoption plan is a written document entered into between a child's birth parent/s and prospective adoptive parent/adoptive parents and can be about anything relating to the adopted child's wellbeing or interests. It may include details of the degree of openness there will be in an adoption and whether the parties will communicate through the mailbox service or in another way. A plan is negotiated between parties, with the assistance of Adoption Services and is mandatory if parties plan to have in-person contact, the child is Aboriginal and/or Torres Strait Islander descent, and if the child has been adopted from the child protection system.

Please refer to the department's website or contact Adoption Services for more information about open adoption and the mailbox service.

Please indicate the level of communication or contact you may consider:

11. Countries of preference (Intercountry adoption only)

There are a number of eligibility criteria that you must meet for each country from which you wish to be considered. These criteria vary between countries and are listed on the Intercountry Adoption Australia website **www.intercountryadoption.gov**. Please refer to the country requirements listed on the website to ensure you meet the country's eligibility criteria prior to indicating a preference. Additional information is provided on the Australian Government Attorney- General's Department website **www.ag.gov.au/intercountryadoption.**

It is important for person/s to note you will only be considered for selection for assessment for nominated Intercountry programs if the information provided on this form indicates that you meet the eligibility requirements for each country you have nominated. If you are unsure if you meet a country's eligibility requirements or have further questions, please contact Adoption Services for assistance in completing this section**. It is also important to note that you may be selected for any of your nominated countries.**

Please nominate, in order of preference, each country for which you wish to be considered. Please **only** list countries that you would wish to be selected	Preference 1: …… Preference 2: …… Preference 3: …… Preference 4: …… Preference 5: …… Preference 6: …… Preference 7: …… Preference 8: …… Preference 9: …… Preference 10: ……	
	Person 1	**Person 2 (if applicable)**
Have you reviewed the Intercountry Adoption Australia's website for eligibility requirements of each of your country preferences to ensure you meet that country's eligibility requirements?	I have read, reviewed, and meet the eligibility requirements for each country nominated in the preferences. ☐ Yes ☐ No Date website reviewed / /	I have read, reviewed, and meet the eligibility requirements for each country nominated in the preferences. ☐ Yes ☐ No Date website reviewed / /

Do you have the financial resources to meet the costs associated with adopting a child from the country you have nominated? You are required to demonstrate that you have the financial capacity to meet the full cost of completing the adoption process within three years of expressing interest.	☐ Yes ☐ No If yes, provide details of your financial resources (e.g. sufficient savings, equity in real estate, ability to borrow funds)

12. Care of child placed with you

The *Adoption Act 2009* and *Adoption Regulation 2020* require person/s to demonstrate that they are aware it is ordinarily in a child's best interests to receive full-time care provided personally by one or both of them (where applicable) for at least 1 year after the child is placed with you.

Person/s are also required to provide details of their proposed, or expected care arrangements for a child for at least the first year the child is placed with you.

Please provide details of how you would be able to ensure one or both of you personally provide care for the first year for a child placed with you.

13. Adoption information session

	Person 1	**Person 2 (if applicable)**
Have you attended an Information Session run by Adoption Services?	☐ Yes ☐ No If Yes, please provide details: Date / / Place:	☐ Yes ☐ No If Yes, please provide details: Date / / Place:
Have you reviewed the online videos about adoption?	☐ Yes ☐ No	☐ Yes ☐ No

14. Expression of Interest checklist

The Expression of Interest form (Parts A, B and C) must be completed and the following documents must accompany this form at lodgment time. Please tick those included.

- ☐ certified copy of a current document that proves you are resident in Queensland that shows your current address (e.g.most recent rates notice, signed lease agreement, current (not expired) Queensland driver's licence **(front and back)**, most recent vehicle registration or if no other proof, a statutory declaration witnessed by a Justice of the Peace or Commissioner for Declarations)
- ☐ certified copy of full birth certificate for each person issued by the office of the Registrar-General, Births, Deaths and Marriages or the equivalent authority from interstate or overseas
- ☐ certified copy of full marriage certificate (if applicable) issued by the office of the Registrar-General, Births, Deaths and Marriages or the equivalent authority from interstate or overseas. **Please note: a marriage certificate issued by a church or a marriage celebrant is not acceptable.**
- ☐ certified copy of divorce certificate of previous relationship, where applicable
- ☐ certified copy of Certificate of Australian Citizenship or Australian passport, where applicable
- ☐ documentary evidence of a legal change of surname

Documents provided must be written in English or accompanied by a certified translation of the original document. A certified translation, of a document, means a translation of the document into the English language by a translator who certifies:

(a) the translator's full name and address; and
(b) the translator's accreditation or qualifications for making the translation; and
(c) that the translation is correct

Please return completed form:

by mail to:
Adoption and Permanent Care Services
Department of Families, Seniors, Disability Services and Child Safety
GPO Box 1789 Brisbane QLD 4001

by courier or in person to:
Adoption and Permanent Care Services
Department of Families, Seniors, Disability Services and Child Safety
Level 11, 127 Creek Street
Brisbane QLD 4000

Useful Contact Information:

The Registrar-General's office is located on level 32, 180 Ann Street, Brisbane

Phone (13 7468) or visit **https://www.qld.gov.au/law/births-deaths-marriages-and-divorces**

Applications for certificates of Australian Citizenship may be obtained from the Department of Immigration and Border Protection (located on the Ground Floor, 299 Adelaide Street, Brisbane, Qld 4000), by phone 131 880 or visit: **www.border.gov.au**

15. Declaration of person/s expressing interest

I (person 1's full name)

And I (person 2's full name) (if applicable)

- declare that all the information provided in this expression of interest is true and correct to the best of my knowledge
- understand that it is an offence under the *Adoption Act 2009* for any person to knowingly provide false or misleading information
- acknowledge it is my obligation, in accordance with section 82 of the *Adoption Act 2009*, to immediately inform Adoption Services of any changed or new information that is relevant to my eligibility
- have attached all required documents – refer to checklist of this form
- have completed all sections of the form – refer to checklist of this form

Signature of person 1

Date / /

Place

Signature of person 2 (if applicable)

Date / /

Place

Privacy Notice

In accordance with the *Adoption Act 2009*, the Department of Families, Seniors, Disability Services and Child Safety is authorised to collect the information requested on this form to establish whether you are eligible to have your name/s entered in the Expression of Interest Register and to assess your suitability to be an adoptive parent. Further, Adoption and Permanent Care Services may release any of the information in this form to an Adoption Contract Worker as part of your assessment of suitability to be an adoptive parent or an overseas adoption authority. The Department of Families, Seniors, Disability Services and Child Safety may provide some or all of this information to the Queensland Police Service, Department of Transport and Main Roads or the Queensland Police Service or a police service in another jurisdiction, the Registrar, Registry of Births, Deaths and Marriages or relevant tribunal or court or other person as is permitted, authorised or required under the Act. All information obtained in the expression of interest and assessment process will be managed in accordance with the Information Privacy Principles described in the *Information Privacy Act 2009*.

PART C – Adult household members

In accordance with section 111 of the *Adoption Act 2009*, the assessment of a person/s suitability to be an adoptive parent will include an assessment of members of the person/s household. Section 121 of the *Adoption Act 2009* further requires that in deciding whether a person/s is suitable to be adoptive parent/s, consideration must be given to the personal history of adult members of the person/s household to decide if an adult household member poses an unacceptable risk of harming a child adopted by the person/s.

Personal history means criminal history, domestic violence, traffic history and child protection information including all fines, charges, orders and convictions and in some circumstances, investigative information, irrespective of when this occurred. This may also include overseas or interstate history of persons who have resided outside of Queensland for 12 months or longer.

Information for person/s

The *Adoption Act 2009* requires all adult members of your household to provide their written consent to being assessed, including personal history checks being undertaken, if you are selected for assessment. It is recommended that the adult household members give their consent at the time of submitting the expression of interest form to Adoption Services. The consent of adult household members can be obtained at a later stage if necessary, for example in circumstances where an adult subsequently joins your household. If adult household members refuse to give their written consent to being assessed, including the undertaking of personal history checks, your selection for assessment may be revoked and your name may be removed from the Expression of Interest Register.

Information for adult household members

The person/s completing this form is expressing interest in having their suitability to be adoptive parent/s assessed.

In signing this form you are giving written consent to being assessed and to your personal history being checked if the person/s is selected for assessment. If the person/s is selected for assessment, you will be asked to provide documents to prove your identity and supply any other information required to undertake checks.

If the person/s is selected for assessment, the assessment must include consideration of the personal history of adult household members. As you are an adult household member, your consent is required before your personal history can be checked.

Note: It is an offence under the *Adoption Act 2009* for any person to knowingly provide false or misleading information.

Adult household members' consent

	1st Adult	2nd Adult	3rd Adult	4th Adult
Surname				
Given Name/s				
Date of birth	/ /	/ /	/ /	/ /
Place of birth				
Do you agree to your personal history being obtained if the couple is selected for assessment?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Do you agree to participate in any assessment should the couple be selected for assessment?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Signature of adult household member	Date: / /	Date: / /	Date: / /	Date: / /