|  |
| --- |
| Adoption Services Victoria  |
| Expression of Interest for Prospective Adoptive Applicants  |

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Thank you for your interest in adoption. This expression of interest has been designed to help Adoption Services Victoria (ASV) understand your circumstances, values, and readiness to adopt. The questions explore areas such as your financial situation, health, family life, parenting capacity, and willingness to support open adoption, including maintaining connections with a child’s birth family where appropriate.

Your responses will assist us in assessing how adoption may fit into your life and how you could meet the needs of children who require permanent, loving families. There are no “right” or “wrong” answers—what matters most is your honesty and thoughtfulness. Please take your time when completing the questionnaire, and remember that the information you provide will be treated with utmost confidentiality. The Department of Justice and Community Safety privacy policy is available at the [Privacy Policy](https://www.justice.vic.gov.au/your-rights/privacy) page at: [www.justice.vic.gov.au/your-rights/privacy](http://www.justice.vic.gov.au/your-rights/privacy)

Please ensure you read the information kit prior to completing this expression of interest. Type your responses to the questions and email it to: adoptionsvic@justice.vic.gov.au (preferable). Alternatively, print out the form, sign and date it and send to us by post to:

Adoption Services Victoria

PO Box 24136

Melbourne VIC 3001

Should you have any questions or require any assistance, please email Adoption Services Victoria at: <adoptionsvic@justice.vic.gov.au>.

Adoption Program

**From which program are you interested to adopt a child? [Please mark with an ‘x’ as appropriate]**

|  |  |
| --- | --- |
| **Local Adoption (Child in Victoria)** |  |
|  |  |
| **Intercountry Adoption (Child is Overseas)** |  |

|  |
| --- |
| **Please note:** * **If you have selected Local Adoption only, please continue to use this form.**
* **If you have selected Intercountry Adoption, please complete the Expression of Interest form available at:** [**www.vic.gov.au/adopt-child-overseas**](http://www.vic.gov.au/adopt-child-overseas)
 |

It is your responsibility to ensure you have read and understood all information in respect to the adoption program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Have you read the Adoption Services Victoria** [**Information Kit**](https://www.vic.gov.au/adopt-child-victoria)**?** | Yes |  | No |  |

## Referees

Adoption Services Victoria will require each applicant to provide referee details for one family member and one non-family member. Adoption Services Victoria will contact them directly to seek a reference on your behalf.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you able to provide this information in the future? | Yes |  | No |  |

## Early Care

Some children placed for adoption may present with additional needs, particularly in the first twelve months of placement. Prospective adoptive parent(s) should be able to provide full time care of a child for the appropriate period of time necessary to provide emotional security and stability for the child. This could range from up to 12 months or longer after the child is placed with them for adoption. While not all children will require the lengthier period of adjustment, all approved adoptive applicants must be willing and able to meet a child’s needs in this manner if required. For adopting couples, dual care arrangements will be considered.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Is this something you would be able to provide?** |  | Yes |  | No |  |

## Willingness to work with Adoption Services Victoria

The Victorian *Adoption Act (1984)* imposes a duty on Adoption Services Victoria to ensure that any adoptions provide for the welfare and best interest of the child. To meet this duty, the Adoption Services Victoria needs to maintain a co-operative and trusting relationship with the prospective adopting parents. Without this relationship, Adoption Services Victoria cannot exercise guardianship effectively.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you understand and accept the role of Adoption Services Victoria and agree to work with the program in this way? | Yes |  | No |  |

## Finances

We require applicants to provide information that will evidence their ability to provide financially for a child placed in their care through adoption. There are no statutory fees for domestic adoption, however you will have to pay legal costs when you apply for the adoption order at the County Court.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you able to afford the costs associated with adoption of a child without putting undue pressure on your financial position? | Yes |  | No |  |
|  |  |  |  |  |
| If you were to submit an adoption application, would you be able to provide information about your assets and liabilities?  | Yes |  | No |  |

Prioritised Applications

**Consent to Exchange Information**

Sometimes a person will apply to adopt who: Has already been approved to be a foster/permanent carer of a child/ren; Has experience as a foster/permanent carer or; Has been approved to adopt in another Australian State or Territory. While such applications still require assessment for approval, the process can be significantly truncated and such applications may be prioritised, subject to consent for Adoption Victoria to access all previous assessments and documentation.

If you have been approved as adoption applicant, foster carer, or permanent carer by another agency, please select one of the following:

|  |  |  |  |
| --- | --- | --- | --- |
| **I/We Consent** |  |  **I/We Do Not Consent** |  |

For the relevant adoption agency; foster/permanent care team to discuss my expression of interest and adoption, foster/permanent care experience with Adoption Services Victoria.

Commitment to Open Adoption

## Contact with Birth Family

As described in the Information Kit, the best interests of the child recognises the need for birth families and adopted children to continue contact during the child’s life.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you accept this as part of an adopted child’s life?** | Yes |  | No |  |

**Supporting a child’s connection to their birth family can be rewarding but also challenging. What do you think might be difficult for you and what supports might you need?**

|  |
| --- |
| <Please provide details> |

**How often do you think you could facilitate contact with the birth family?**

|  |
| --- |
| <Please provide details> |

**How would you support and negotiate contact with birth family, even if this contact was to present with challenges?**

|  |
| --- |
| <Please provide details> |

**How would you and your family integrate and validate your child’s culture if it is different to yours?**

|  |
| --- |
| <Please provide details> |

**Please read ‘Adopting Noah’ Information Kit (Page 6) available at:** [**www.vic.gov.au/adopt-child-victoria**](http://www.vic.gov.au/adopt-child-victoria)

**Based on Noah’s scenario, how would you approach supporting him as he grows, while helping him feel secure, understood, and connected to his background?**

|  |
| --- |
| <Please provide details> |

|  |  |  |  |
| --- | --- | --- | --- |
| **How would you support Noah in developing a positive sense of identity connected to his heritage?** |  |  |  |
| <Please provide details> |

|  |  |  |  |
| --- | --- | --- | --- |
| **Would you support facilitating face-to-face contact with Noah’s birth family and if so, how would you help Noah process and manage emotions before and after these face-to-face contacts?** |  |  |  |
| <Please provide details> |

|  |  |  |  |
| --- | --- | --- | --- |
| **How do you feel about talking with Noah, as he grows, about the circumstances of his adoption in an age-appropriate way and what resources would you draw upon to guide these conversations?** |  |  |  |
| <Please provide details> |
|  |  |

Capability to parent children with a range of additional needs

Some children placed for adoption have a disability or medical condition. Children that have been adopted are at greater risk of developing later health conditions for two reasons. First, the family history of an adopted child is not often well-known. Second, sometimes the antenatal care of adopted children has been limited or incomplete. Adoption Services Victoria seeks families who can meet the needs of our local adoption program. As such, prospective adoptive parents are asked to demonstrate an openness and willingness to consider a range of additional needs in adopted children.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What are the additional needs that children placed for adoption are more likely to face?** |  |  |  |  |

|  |
| --- |
| <Please provide details of your understanding> |

 **What level of additional needs will you be willing to consider?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Low |   | Moderate |  | High  |

 **Please indicate what conditions you will not be willing to consider.**

|  |
| --- |
|  <Please provide details> |

|  |  |  |  |
| --- | --- | --- | --- |
| **What are you able to offer an adopted child?** |  |  |  |

|  |
| --- |
| <Please provide details> |

**Please read ‘Adopting Olivia’ Information Kit (Page 7) available at:** [**www.vic.gov.au/adopt-child-victoria**](http://www.vic.gov.au/adopt-child-victoria)

 **Based on Olivia’s scenario, how would you describe Olivia’s level of additional needs?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Low  |   | Moderate |  | High  |

**Would you have accepted this placement proposal?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |   | No |  |  |

|  |
| --- |
| <Please provide details> |

|  |  |
| --- | --- |
| **How would you prepare yourself to meet Olivia’s health and developmental needs?** |  |
| <Please provide details> |

Parenting Competency

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you have any parenting experience?**  | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

**Parenting can be challenging with stressful moments. What are the ways that you cope when things are stressful or difficult?**

|  |
| --- |
| <Please provide details> |

Readiness to Adopt

## Fertility

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you previously been tested and received a diagnosis and/ or treatment for infertility? Provide diagnosis and treatment history  | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you currently undergoing any form of fertility treatment? Provide commencement date  | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you completed fertility treatment? Provide cessation date | Yes |  | No |  |

|  |
| --- |
| <Please provide details, including date of completion> |
|  |
| Are you pregnant now? | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If exploring adoption prior to fertility, please explain why. | Yes |  | No |  |

|  |
| --- |
| <Please provide details> |

**What personal experiences, including infertility, led you to consider adoption and influenced your decision?**

|  |
| --- |
| <Please provide details>  |
|  |
|

|  |  |
| --- | --- |
| **What considerations would you want to make before proceeding with an adoption application?** |  |

|  |
| --- |
| <<Please provide details> |

 |

Diversity of Prospective Adoption Applicants

| Details | Applicant 1 | Applicant 2 |
| --- | --- | --- |
| Surname |  |  |
| Given name(s) |  |  |
| Sex |  |  |
| Date of birth |  |  |
| Place of birth |  |  |
| Citizenship |  |  |
| Ethnicity |  |  |
| Religion |  |  |
| Language(s) spoken |  |  |
| Mother’s birth country |  |  |
| Father’s birth country |  |  |
| Highest level of education attained |  |  |
| Occupation |  |  |
| Address |  |  |

### Contact phone numbers

| Home:  |  |  |
| --- | --- | --- |
| Work: |  |  |
| Mobile: |  |  |
| Email address:  |  |  |

### Relationship details

|  |  |
| --- | --- |
| If married, please give date of marriage  |  |
| If in a de facto relationship, provide commencement date |  |
| Date(s) of previous marriage(s) (if applicable) |  |
| Date(s) of divorce(s) (if applicable) |  |

## Children currently living with you

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have a child or children currently living with you? | Yes |  | No |  |

If you answered yes, please complete

Child 1

|  |  |
| --- | --- |
| Name |  |
| Date of birth |  | Country of birth |  | Sex |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Biological  |  Adopted  |  Fostered  |  Stepchild  |  Other  |
|  Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Child 2

|  |  |
| --- | --- |
| Name |  |
| Date of birth |  | Country of birth |  | Sex |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Biological  |  Adopted  |  Fostered  |  Stepchild  |  Other  |
|  Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |

Individual Questionnaire(s)

Applicant 1 Section

## Children not living with you

[Add children of former relationships, marriages and deceased. Include adult children no longer living at home]

Child 1 Child 2

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | **Name** |  |
| Date of birth |  | **Date of birth** |  |

## Criminal records & court orders

[Please indicate if a current or past criminal record (charge or conviction) of ANY nature exists]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A criminal records check will show a charge or conviction | Yes |  | No |  |

|  |
| --- |
| [If Yes then please summarise the nature of the offence and conviction] |

### Intervention orders

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Past or current intervention order against applicant | Yes |  | No |  |
| Have taken out an intervention order against another person | Yes |  | No |  |
| Police attended home due to domestic dispute/family violence | Yes |  | No |  |
|  |  |  |  |  |
| [If you answered yes to any of the above, please give details] |

## Physical & psychological health

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you exercise regularly? | Yes |  | No |  |

|  |
| --- |
| [Please provide details] |

 **Please indicate one the following:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Currently Use** |  | **Previously Used but Stopped** |  | **Never Used** |
| Smoke cigarettes/e-cigarette |  |  |  |  |  |
| Consume alcohol |  |  |  |  |  |
| Smoke marijuana or use other illicit drugs |  |  |  |  |  |

|  |
| --- |
| [Please indicate frequency of use] |

**If you have any issues with your sight, speech or hearing, please add details to assist us in understanding your prognosis.**

|  |  |
| --- | --- |
| Name of Condition | Details including any current treatment |
|  |  |

**If you ever been diagnosed with a psychological disorder or received counselling or psychological treatment, please add details to assist us in understanding your prognosis.**

|  |  |
| --- | --- |
| Name of Condition | Please include details such as the type of treatment, period and duration of treatment, previous or ongoing medication and any specific symptoms |
|  |  |

 **Have you ever been diagnosed with and treated for any of the following health conditions:**

|  |  |
| --- | --- |
| * Diabetes
 | * Gout
 |
| * Epilepsy, or fits of any kind
 | * Cystic fibrosis
 |
| * High blood pressure/high cholesterol
 | * Liver or gall bladder disease
 |
| * Bowel disease, passage of blood from the bowel
 | * Cancer or tumour of any type: malignant or benign
 |
| * Indigestion, gastric or duodenal ulcer
 | * Huntington’s disease
 |
| * Any other cardiovascular disease
 | * Tuberculosis
 |
| * Kidney/bladder disease, including renal colic, blood in urine
 | * Organ transplantation. Please add date of transplant
 |
| * Fainting attacks
 | * Arthritis or muscular related disorder
 |
| * Any limb difference including Impairment, numbness, or removal of limbs
 | * Any form of lung disease including asthma, chronic bronchitis
 |
| * Parkinson’s disease
 | * Hepatitis B/C
 |
| * Chronic fatigue syndrome
 | * Haemophilia
 |
| * Crohn’s or Celiac disease
 | * Lupus /SLE
 |
|  |  |
| Yes |  | No |  |  |

**If you answered Yes to any of them, please add details to assist us in understanding your prognosis.**

|  |  |
| --- | --- |
| Name of Condition | Details including any current treatment |
|  |  |
|  |  |
|  |  |
|  |  |
| **Have you ever or are you currently being treated for any other illnesses, injuries or operations (past or future) not listed above?** | Yes |  | No |  |  |

|  |
| --- |
| <Please add the name, details of the condition and treatment details> |

Applicant 2 Section

## Children not living with you

[Add children of former relationships, marriages and deceased. Include adult children no longer living at home]

Child 1 Child 2

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | **Name** |  |
| Date of birth |  | **Date of birth** |  |

## Criminal records & court orders

[Please indicate if a current or past criminal record (charge or conviction) of ANY nature exists]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A criminal records check will show a charge or conviction | Yes |  | No |  |

|  |
| --- |
| [If Yes then please summarise the nature of the offence and conviction] |

### Intervention orders

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Past or current intervention order against applicant | Yes |  | No |  |
| Have taken out an intervention order against another person | Yes |  | No |  |
| Police attended home due to domestic dispute/family violence | Yes |  | No |  |
|  |  |  |  |  |
| [If you answered yes to any of the above, please give details] |

## Physical & psychological health

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you exercise regularly? | Yes |  | No |  |

|  |
| --- |
| [Please provide details] |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please indicate one the following:**  | **Currently Use** |  | **Previously Used but Stopped** |  | **Never Used** |
| Smoke cigarettes/e-cigarette |  |  |  |  |  |
| Consume alcohol |  |  |  |  |  |
| Smoke marijuana or use other illicit drugs |  |  |  |  |  |

|  |
| --- |
| [Please indicate frequency of use] |

**If you have any issues with your sight, speech or hearing, please add details to assist us in understanding your prognosis.**

|  |  |
| --- | --- |
| Name of Condition | Details including any current treatment |
|  |  |

**If you ever been diagnosed with a psychological disorder or received counselling or psychological treatment, please add details to assist us in understanding your prognosis.**

|  |  |
| --- | --- |
| Name of Condition | Please include details such as the type of treatment, period and duration of treatment, previous or ongoing medication any specific symptoms |
|  |  |

 **Have you ever been diagnosed with and treated for any of the following health conditions:**

|  |  |
| --- | --- |
| * Diabetes
 | * Gout
 |
| * Epilepsy, or fits of any kind
 | * Cystic fibrosis
 |
| * High blood pressure/high cholesterol
 | * Liver or gall bladder disease
 |
| * Bowel disease, passage of blood from the bowel
 | * Cancer or tumour of any type: malignant or benign
 |
| * Indigestion, gastric or duodenal ulcer
 | * Huntington’s disease
 |
| * Any other cardiovascular disease
 | * Tuberculosis
 |
| * Kidney/bladder disease, including renal colic, blood in urine
 | * Organ transplantation. Please add date of transplant
 |
| * Fainting attacks
 | * Arthritis or muscular related disorder
 |
| * Any limb difference including Impairment, numbness, or removal of limbs
 | * Any form of lung disease including asthma, chronic bronchitis
 |
| * Parkinson’s disease
 | * Hepatitis B/C
 |
| * Chronic fatigue syndrome
 | * Haemophilia
 |
| * Crohn’s or Celiac disease
 | * Lupus /SLE
 |
|  |  |
| Yes |  | No |  |  |

**If you answered Yes to any of them, please add details to assist us in understanding your prognosis.**

|  |  |
| --- | --- |
| Name of Condition | Details including any current treatment |
|  |  |
|  |  |
|  |  |
|  |  |
| **Have you ever or are you currently being treated for any other illnesses, injuries or operations (past or future) not listed above?** | Yes |  | No |  |  |

|  |
| --- |
| <Please add the name, details of the condition and treatment details> |

Confirmation of Understanding

We/I have provided accurate, complete and truthful information and understood that Adoption Services Victoria reserves the right to refuse the progression of an application if accurate, complete and truthful information is not provided. We/I would be ready to proceed immediately if the information contained in this expression of interest is deemed to meet the needs of the children requiring adoption.

Applicant 1

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

Applicant 2

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

To receive this form in an accessible format phone 1300 194 754, using the National Relay Service 13 36 77 if required, or email Adoption Services Victoria  adoptionsvic@justice.vic.gov.au

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Available on the Adoption Services Victoria website [www.vic.gov.au/adoption](http://www.vic.gov.au/adoption)