

Royal Borough of Greenwich

Adoption expression of interest form

I/we confirm that I/we would like to express interest in being assessed to become adoptive parents with Royal Borough of Greenwich.

Please write in block capitals using a black pen.

Date & Venue of Information evening attended:

	Applicant 1	Applicant 2
Surname		
First name/s		
Other names used (including former or familiar names)		
Date of birth and age		
Place of birth		
Telephone - daytime		
Telephone - evening		
Mobile number		
Email		
Address		
Home address		
Postcode		
How long have you lived at this address?		
Is this your permanent place of residence? If not please give details		
Name of the local authority area in which you live		

Your identity

	Applicant 1	Applicant 2
Gender		
Nationality		
Ethnicity		
Primary language spoken in the home		
Other language(s) spoken in the home		
Do you need any support during the assessment with language spoken i.e. an interpreter? If yes give details.	Yes / No	Yes / No
Religion or faith group		
Are you practising or non-practising		
Do you consider yourself as having a disability? If yes give details.	Yes / No	Yes / No

Please outline briefly your motivation for wanting to become an adoptive parent:

Please return your completed form to: Royal Borough of Greenwich, Adoption Team, 1st Floor, The Woolwich Centre, Wellington Street, London SE18 6HQ