

Patrons:
Kim Cotton Mark Baldwin

COTS Moss Bank
Manse Road, Lairg, IV27 4EL



**COUPLE
TRIANGLE**
SOMETIMES IT TAKES THREE

Please complete this form clearly in BLACK ink or complete online	
Intended Parent 1	Intended Parent 2
Name	Name
Date of Birth	Date of Birth
National Ins No	National Ins No
NHS No	NHS No
Address	
Tel No	Work Tel No
Intended Parent 1 Mobile No	Intended Parent 2 Mobile No
Email Home	Email Work
If you would like to access and participate on the COTS site we require the following:	
Couples' Forum	Men's Forum
Username _____	Username _____
Password _____	Password _____
We the undersigned do hereby confirm that the information we have give herein is, is to the best of our knowledge correct.	
Signed _____	Date _____
Signed _____	Date _____
Which method of surrogacy are you considering? Straight [] Host [] Either []	

Intended Parent 1	<u>Intended Parent 2</u>
Ethnic Origin	Ethnic Origin
Religion	Religion
Are you a British Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a British Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>
If no are you domiciled in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no are you domiciled in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>
Profession	Profession
Hours per week worked	Hours per week worked
Is Paternity leave/pay available?	Do you understand that, by law, your employer does not have to pay you Maternity Pay? You will need to negotiate this with your employer.
Qualifications	Qualifications
Height Weight	Height Weight
Complexion	Complexion
Hair colour Eye colour	Hair colour Eye colour
Do you smoke? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you smoke? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how many a day?	If yes, how many a day?
Do you drink alcohol? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you drink alcohol? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how many units per week?	If yes, how many units per week?
Intended Parent 1 Health	Intended Parent 2 Health
Blood group	Blood group
Are you taking any medication Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you taking any medication Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes what?	If yes what?
What is the medication for?	What is the medication for?
Have you had a recent medical? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you had a recent medical? Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you given a clean bill of health? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you given a clean bill of health? Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please state what was wrong	If no, please state what was wrong

Existing children		
Do either of you have children? Yes <input type="checkbox"/> No <input type="checkbox"/>	Together? Yes <input type="checkbox"/> No <input type="checkbox"/>	Adopted? Yes <input type="checkbox"/> No <input type="checkbox"/>
From a previous relationship? Yes <input type="checkbox"/> No <input type="checkbox"/>	Surrogate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Male	Date of birth/s	
Female	Date of birth/s	
Do they live with you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, where do they live?		
If you do have children, are they, or have they ever been known to Social Services? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please give reason why)		
Infertility & Clinical Diagnoses: Female		
Born without a womb <input type="checkbox"/> born with abnormal womb <input type="checkbox"/> born without ovaries <input type="checkbox"/>		
Hysterectomy : please give reason:		
Cervical incompetence <input type="checkbox"/> early menopause <input type="checkbox"/> age repeated miscarriage [] how many?		
Other:		
Infertility & Clinical Diagnoses: Male		
Low sperm count <input type="checkbox"/> Vasectomy <input type="checkbox"/> Impotent <input type="checkbox"/>		
Other		
IVF: Please give brief history of any IVF treatment and outcomes.		
Pursuing other Options		
IVF: Yes <input type="checkbox"/> No <input type="checkbox"/> Adoption : Yes <input type="checkbox"/> No <input type="checkbox"/> Adoption Abroad Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other: please state:		
Have you ever been turned down for any of the above? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If YES please give reason/s		

Straight Surrogacy – Reason for Choice:

Medical reason Host IVF: too expensive out of time age wise

Other give reasons

Husband: when did you last have a sperm count?

COTS require a copy of a recent sperm test.

Host Surrogacy – Reason for Choice

Wanting own biological child [] Other

Do you have frozen sperm Yes No If YES date of freezing

Do you have frozen embryos Yes No If YES date of freezing How many

Are you using donor eggs? Yes No Are you using donor sperm? Yes No

Which IVF clinic are you with?

Can you be flexible about choice of clinics? Yes No

PREGNANCY

Please give details of any tests or scans you would want a surrogate to undergo

If the baby was found to have a disability, would you want to have the option to terminate the pregnancy if medically advised? Yes No

If acceptable to the surrogate, would you wish to be present at the birth: Both Parent 1 Parent 2

Who is going to be the baby's main carer? Please give details

Surrogate: what are you looking for?

Appearance like wife? Yes No Preference Married? Yes No Preference

Would you object to working with a surrogate from a different ethnic background? Yes No

Religious preference if any

Do you mind if the surrogate smokes? Yes No

Do you mind if the surrogate uses alcohol in moderation? Yes No

How far are you prepared to travel? Miles [] Hours []

Please state any other considerations you have in relation to lifestyle/personal circumstances of the surrogate:

Are you prepared to support the surrogate throughout the arrangement? Yes No

Briefly describe the support you could offer

Do you want to have regular contact with your surrogate throughout the arrangement?

Yes No

Previous Applications:

Have either of you applied to COTS before? Yes No

Please state who

Was it under a different name? Yes No

Please give name/s:

Criminal Convictions: Parent 1

Have you ever been convicted of a criminal offence? Yes No

If YES please give details of offence and date:

Do you have any convictions pending? Yes No

If YES please give details:

Criminal Convictions: Parent 2

Have you ever been convicted of a criminal offence? Yes No

If YES please give details of offence and date:

Do you have any convictions pending? Yes No

If YES please give details:

You will both have to undergo a CRB check. This form will be completed by a Support Worker at your Information Meeting. You will need to provide documentation in the form of a passport, driving licence, or birth certificate.

PROFILE

Please write **(clearly in black or preferably type and attach)** a short statement about the two of you and your reasons for choosing surrogacy. Please include information about your lifestyle & family as this will help a surrogate when choosing.