

Patrons:  
Kim Cotton & Mark Baldwin

COTS Moss Bank  
Manse Road, Lairg, IV27 4EL



**TRIANGLE**  
**SOMETIMES IT TAKES THREE**

This form, excluding your contact details will be forwarded to any couple you choose. Please use **BLACK** ink to complete.

**DETAILS OF COUPLE**

NAME	NAME
NATIONAL INS NO	NATIONAL INS NO
NHS NO	NHS NO
ADDRESS ..... ..... .....	
TEL NO	FAX NO
MOBILE NO (W)	MOBILE NO (H)
EMAIL WORK	EMAIL HOME

If you would like to access and participate on the COTS site we require the following:

COUPLES FORUM

Username \_\_\_\_\_ Password \_\_\_\_\_

MEN'S FORUM

Username \_\_\_\_\_ Password \_\_\_\_\_

We the undersigned do hereby confirm that the information we have give herein is, is to the best of our knowledge correct.  
We further confirm that we are aware that compensation of between £10,000 & £15,000 will be paid to the surrogate at an agreed time.  
Any additional expenses as agreed in the Agreement will also be paid.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Which method of surrogacy are you considering? STRAIGHT/HOST

Are you married	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Husband</b>	<b>Wife/Partner</b>
Date of Birth	Date of Birth
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
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?
<b>HEALTH</b>	
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  No

Together? Yes  No

Adopted? Yes  No

From a previous relationship? Yes  No

Surrogate? Yes  No

Male ..... Date of birth ..... Female.....Date of birth.....

Do they live with you? Yes  No

If no, where do they live?

If you do have children, are they, or have they ever been known to Social Services? Yes  No

If yes, please give reason why.....  
.....

**INFERTILITY & CLINICAL DIAGNOSES: Female**

Born without a womb  born with abnormal womb  born without ovaries

Hysterectomy : please give reason: .....  
.....

Cervical incompetence  early menopause  age ..... repeated miscarriage [ ] how many? .....

Other: .....

**INFERTILITY & CLINICAL DIAGNOSES: Male**

Low sperm count  Vasectomy  Impotent

Other .....

**IVF: Please give brief history of any IVF treatment and outcomes.**

.....  
.....  
.....  
.....  
.....

**PURSUING OTHER OPTIONS:**

IVF: Yes  No

Adoption : Yes  No

Adoption Abroad Yes  No

Other: please state: .....

Have you ever been turned down for any of the above? Yes  No

If YES please give reason/s.....  
.....

**STRAIGHT SURROGACY - Reasons 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 - Reasons 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  Mother  Father

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

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

.....

**CONTACT & SUPPORT:**

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: .....

**PUBLICITY:**

An important part of raising public awareness is through publicity.

It is for this reason we ask if you are willing to do publicity? Yes  No

If NO please give reasons.....

.....

As it is illegal to advertise for surrogates, this is also often the only way to ensure new surrogates join the organisation.

Without couples and surrogates willing to take part in publicity there would never be the number of surrogates coming forward to help couples become a family.

**CRIMINAL CONVICTIONS: Husband**

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: Wife/Partner**

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.**

**PHOTOGRAPHS:**

With this application, please submit, one recent photograph, of the two of you together.

