

Patrons:  
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COTS Moss Bank  
Manse Road, Lairg, IV27 4EL



**SURROGATE  
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.

NAME

ADDRESS

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

TEL NO

FAX NO

MOBILE NO

EMAIL

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

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

If your husband/partner would like to access the MEN'S forum we require:

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

I the undersigned do hereby confirm that the information I/we have given is correct to the best of my knowledge:

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

Date of Birth \_\_\_\_\_ Are you a British Citizen Yes/No

With this application please submit one current photograph.

Which method of surrogacy are you considering?

STRAIGHT/HOST

If married or with a partner, does he/she agree to you becoming a surrogate? Yes  No

Husband/partner's name .....

Marital status: .....Length of time in current relationship.....

Profession.....Previous occupation.....

Ethnic Origin

Religion

Height

Weight

Hair Colour

Eye Colour

Complexion

Do you smoke? Yes  No

Does your partner smoke? Yes  No

If YES how many a day? .....

.....

Are you prepared to cut down/stop during the pregnancy?

Yes [ ] No [ ]

Do you drink alcohol? Yes  No

If YES how many units per week? .....

**SURROGACY CHOICE**

If chosen method is straight surrogacy — please give reason for choice.....

.....

If chosen method is host surrogacy — please give reasons for choice.....

.....

Have you been sterilized?

Yes  No

If with partner—has he had a vasectomy?

Yes  No

If answer to the above two questions is NO

Do you understand the importance of abstaining from intercourse at time of ovulation?

Yes  No

Have you completed your family Yes  No

If No— are you aware that there is a risk of you becoming infertile Yes  No

## **PREGNANCIES CONT.**

Have you ever suffered a miscarriage? Yes  No

If YES, how many? When?

Were you given a reason for the miscarriage?

Have you suffered any ectopic pregnancies? Yes  No  If YES when?

Have you ever had a termination? Yes  No

If YES how many? When?

Please give reasons for termination.

Have you suffered a stillbirth? Yes  No  If YES when?

Were you given a reason?

Have you suffered from Post natal Depression? Yes  No  If YES when?

Did you receive treatment or counselling? Yes  No  How long did it take to recover

## **MEDICALS**

Are you immunised against Rubella? Yes  No

Are you willing to undergo a medical? Yes  No

Have you ever suffered from depression Yes  No

If YES please give details

Are you currently taking any medication? Yes  No

If YES please state what and why

Are there any hereditary illnesses in your family i.e.: diabetes, epilepsy, cystic fibrosis, etc. Yes  No

If YES please give details

What blood group are you?

If you are RH Negative you will require extra screening throughout the pregnancy and might need an anti d injection following the birth. You can check your blood group with your GP.

**CONTRACEPTION**

What method of contraception are you currently using?

How long on average is your monthly cycle?

How long do your periods last?

Do you know how to identify ovulation?

Yes  No

**SUPPORT**

Do you have someone able to offer practical and emotional support?

Yes  No

If YES please state who

Are your family aware of your intention to become a surrogate mother?

Yes  No

If NO why not?

**WHAT ARE YOU LOOKING FOR, IN THE INTENDED PARENTS**

Would you only consider a couple living close to you?

Yes  No

Would you prefer a childless couple?

Yes  No

Would you object to working with people from ethnic minorities?

Yes  No

Do you prefer the couple to be of a particular faith/religion?

Yes  No

If YES please state, and give reasons why:

If you have chosen host, how far are you prepared to travel to a clinic?

Would you prefer a couple to be?      Under 35       35– 45       45+       Don't mind

Any other considerations?

**CONTACT**

Please outline the level of contact you would like with a couple during the arrangement

Please state if you would like contact after the birth

## **PREGNANCY/BIRTH**

Are you prepared to undergo all of the scans routinely offered during pregnancy Yes  No

If NO please state why not:

If medically advised would you be prepared to have an amniocentesis? Yes  No

If NO please say why not

If the child you were carrying was found to have a disability would you either on medical advice, or because the Intended Parents requested, be prepared to terminate the pregnancy? Yes  No

If NO please explain why

Would you be prepared to have a DNA test to determine paternity? Yes  No

If your children are same sex, how would you feel parting with a child of the opposite sex?

## **EMPLOYMENT**

Are you currently employed? Yes  No

If YES, how many hours a day/week?

Does your job entail any lifting, or heavy work? Yes  No

If YES would your Employer move you to lighter duties during the pregnancy? Yes  No

Would your employer allow you time off to attend hospital/clinic appointments for treatment etc.? Yes  No

**N.B.** If you are working, and meet the legal requirements for leave, you are legally entitled to claim maternity leave from your employer

## **SOCIAL SERVICES**

Are you, or have you ever, been known to Social Services? Yes  No

If YES please give details

Have any of you children, ever been known to Social Service?

Yes  No

If YES please give details

If the answer to either of the above questions is YES, we would need a letter of consent from you, to contact the Social Services involved.

### **CRIMINAL RECORDS**

**It is COTS policy that all surrogates (and partners) undergo a Criminal Record Check. The form will be completed by a Support Worker at the initial Information Meeting.**

Do either of you have any criminal convictions, or criminal proceedings pending?

Yes  No

If YES please give details:

Only serious offences will prohibit you from becoming a surrogate.

### **PREVIOUS APPLICATIONS**

Have you applied to COTS before?

Yes  No

If YES when?

Under which name did you apply if different from above?

### **PUBLICITY**

Publicity helps to raise public awareness of surrogacy.

Are you are willing to do publicity? Yes  No

If NO please give reasons

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

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

## **PROFILE**

Please write **clearly in black or preferably type and attach** a short statement about you and your reasons for wanting to be a surrogate. Please include information about your family and lifestyle.