

## Background check for prospective adoptive parents

1. PERSONAL INFORMATION		
APPLICANT 1 Last name		First names
Former last names		Personal identity code and place of birth
Marital status <input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> registered partnership <input type="checkbox"/> cohabitation		Start date of the current union Previous unions (duration)
Registered at (name of parish/population register)		Occupation
APPLICANT 2 Last name		First names
Former last names		Personal identity code and place of birth
Marital status <input type="checkbox"/> married <input type="checkbox"/> single <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> registered partnership <input type="checkbox"/> cohabitation		Start date of the current union Previous unions (duration)
Registered at (name of parish/population register)		Occupation
2. CONTACT INFORMATION		
Applicant 1 Mobile	Work telephone (including area code)	E-mail
Applicant 2 Mobile	Work telephone (including area code)	E-mail
Street address, postal code and town/city		
Municipality/area of residence		
3. CHILDREN (including adult children)		
Biological children (name, date of birth)		
Adoptive children (name, date of birth, date of adoption, origin)		
Other persons living in the same household (date of birth, family relationship)		

4. LIVING AND FINANCIAL SITUATION			
Living arrangements			
Living area	Number of rooms	Rent per month	Maintenance charge per month
Applicant 1 Monthly income (gross/net)		Applicant 2 Monthly income (gross/net)	
Assets and their value			
Debts and their reason, loan instalments + interest per month			
5. EDUCATION AND EMPLOYMENT			
Applicant 1 Education/educational institution/year of completing the studies			
Current employment and duties, duration of employment			
Other, earlier employment			
Applicant 2 Education/educational institution/year of completing the studies			
Current employment and duties, duration of employment			
Other, earlier employment			

## 6. HEALTH AND SOCIAL CIRCUMSTANCES (see Appendices)

**Applicant 1** Chronic diseases or disabilities and hospital, institutional or other rehabilitation care

Have you had substance abuse or mental problems, have you received/do you receive therapy or other treatment?

Provide details of your intoxicants use (amount per month)

Have you been convicted of a crime (when, for which crime)?

**Applicant 2** Chronic diseases or disabilities and hospital, institutional or other rehabilitation care

Have you had substance abuse or mental problems, have you received/do you receive therapy or other treatment?

Provide details of your intoxicants use (amount per month)

Have you been convicted of a crime (when, for which crime)?

## 7. MOTIVES AND WISHES CONCERNING THE CHILD

Why do you wish to become an adoptive parent?

Primary wish concerning the child

☐ an adoptive child from Finland ☐ an adoptive child from abroad

Wishes concerning the child's age

Do you wish to adopt siblings in your family?

Other wishes concerning the child

Have there been fertility problems?

☐ no ☐ yes

Have these fertility problems been examined?

☐ no ☐ yes, when

Reason for fertility problems

What kind of fertility treatments have you received and when did they end?

Earlier pregnancies and births

When did you start to think about having children in your family?
When did you start to think about adoptive parenthood? Who took the initiative?
Have you participated in adoption counselling? When and where?
Are there any changes to be expected in your family, living or working circumstances?
On which topics would you like to receive more information?

I have provided this information understanding that it will be processed by Save the Children Finland as confidential information. In providing this information, I have given Save the Children Finland the permission to process even special categories of my personal data (Article 9 of the EU Data Protection Directive and, where applicable, Paragraph 5 of Section 6(1) of the Personal Data Act).

I undertake to notify Save the Children of any changes in details provided in this family information form or in other circumstances during the process.

By completing this form, I accept that the information I provide will be collected and processed in the adoption counselling register of Save the Children Finland (more information about the register: [www.pelastakalapset.fi/tietoa-meista/tietosuojaselosteet/](http://www.pelastakalapset.fi/tietoa-meista/tietosuojaselosteet/)). In case of municipal outsourcing, the municipality in question is responsible for any decisions concerning the register. Information in the register is used only for the purpose for which it has been submitted to the organisation, unless otherwise determined by legislation or the customer's specific written consent.

.....  
Date

.....  
Signature

.....  
Clarification of signature

.....  
Signature

.....  
Clarification of signature

## APPENDICES

### Adoption counselling:

- extracts from the Population Information System (a separate document for both, any children must be mentioned, religious community must be stated if applicant is a member of one)
- consent for requesting a statement from social services
- medical certificates during the early stages of counselling (the T form in full)
- tax and salary certificates during adoption counselling
- criminal records extracts (obtained by the counselling provider)

### For notes by Save the Children

Background check returned .....	Doctor's consultation .....
Home visits .....	Report of the Social Welfare Board .....
Office meetings .....	Other processing of the case .....
.....	.....
.....	_____ Payment commitment

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Group training .....

Invoicing .....