



Surrogacy UK

Please return your completed forms to:

Surrogacy UK
PO Box 8265
Matlock
DE4 9EE

Surrogate Application Form

A **warm welcome** to SurrogacyUK. We hope this will be the start of an amazing journey for you, helping a couple realise their dreams of becoming a family.

At SurrogacyUK, you will benefit from a wealth of experience from our many members including access to an experienced surrogate who will be your support worker throughout your surrogacy journey. It's free to join for all potential surrogates and any costs such as DBS checks and GP report will be covered by us so there's no need to worry that you'll be out of pocket. Please note we will only cover the cost of a GP report, if we have received a completed application first. Our ethos is 'Friendship First' and we feel that it is an important part of any surrogacy journey.

At SurrogacyUK, we believe that it is up to you to choose who you would like to help. You decide which intended parents you would like to 'Get To Know' with a view to helping them become a family.

We do ask you to fill the forms in as **accurately** as possible. If you feel there is not enough space to provide the full answer you would like to give, please just write it on a separate sheet. **Please note there are no right or wrong answers – we consider all applications and circumstances. What is important is to be as honest as possible as this will make sure that we can properly support you on your journey.** If there are any parts of the form that you are unsure about, **please get in touch** with Dawn, our Surrogate Applications Manager, who is an experienced surrogate and can **help you through every step of the application process**.

Dawn can be reached at dawn.allen@surrogacyuk.org



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Section 1: Basic Information

Surrogate		Surrogate's Partner – if applicable	
Name		Name	
Address			
Home Tel No			
Mobile No		Mobile No	
Email Address		Email Address	
D.O.B.		D.O.B.	
Occupation		Occupation	
Hours of work		Hours of work	
Message Boards Username		Message Boards Username	
Are you a British Citizen?		Are you a British Citizen?	
Ethnic Origin		Ethnic Origin	
Marital Status		Marital Status	
How long have you been together?			



Section 2: About being a surrogate

Have you entered into a surrogacy relationship in the past? Yes / No

-If yes, please give full details:

Why do you want to be a surrogate?

Are you currently trying to form a surrogacy relationship through any means other than SurrogacyUK? Yes / No

-If yes, please give details

-Please note that if you start to help intended parents who are not members of SurrogacyUK, they will be invited to join. If they choose not to join, you will not be able to continue as a Member of SurrogacyUK. You will be made a non-member throughout this journey as we are not able to formally support you if we are not able to support the intended parents you are helping. You are of course welcome to continue to be part of our community by attending socials. You can also be reinstated to a full member once your journey outside of SurrogacyUK has finished.



Section 3: About your partner

If you are single, please go to section 4

1. Questions for you to answer about your partner

How does your partner feel about your decision to join SurrogacyUK?

How do you think it may affect your partner for you to be a surrogate?

-Please consider the period when you are getting to know your couple; when you are trying to become pregnant; the pregnancy; and the time after having the baby:

If your partner has not had a vasectomy, you will not be able to have intercourse during the entire period that you are trying to become pregnant for your couple. How do you think you and your partner will cope with this situation?

2. Questions for your partner to answer

How do you feel about your partner becoming a surrogate?



How do you think the surrogacy experience will affect you and your relationship?

-Please consider the period when you are all getting to know your couple; when your partner is trying to become pregnant; the pregnancy; and the time after having the baby:

Do you understand that you will not be able to have intercourse with your partner throughout the time that she is trying to become pregnant. How do you think this may affect your relationship?

If your partner is going to use straight surrogacy, how will you feel about her inseminations? Will you be happy for inseminations to take place at home?

How do you feel about building a relationship between yourself, the intended parents and the baby?

-Please consider both host and straight surrogacy:





Section 4: Your children

Do you have children of your own? Yes / No
-If not, please go to Section 5

How many children do you have? _____

How old are they? _____

Have you completed your family now? Yes / No / Unsure

Do your children live with you? Yes / No
-If not, where do they live?

Do your children have any serious health problems? Yes / No
-If yes, please give details:

-If yes, can the health problems be inherited? Yes / No

Have you told your children about your plans to be a surrogate? If so what was their reaction?
If not, how are you planning on telling them?

How do you think it may affect your children for you to be a surrogate? How do you think they will feel towards the baby?

-Please consider the period when you are getting to know your couple; when you are trying to become pregnant; the pregnancy; and the time after having the baby:

Have Children and Families Social Services been involved with your children in any way? Yes / No

-If yes, please give full details:



Section 5: Your health, lifestyle, and social support

What is your height? _____

What is your weight? _____

Have you had any serious medical conditions in the past? Yes / No
-If so, please give full details:

Do you have any medical conditions at the moment? Yes / No
-If yes, please give full details:

Have you had any mental health issues in the past? Yes / No
-If so, please give full details:

Are any of these conditions hereditary? Yes / No / NA

Do you take any medication at the moment? Yes / No
-If yes, please give full details:

Have you ever been refused insurance because of your health, or had any exclusions or conditions applied to an insurance policy? Yes / No

-Please note that if you have replied "yes" to any of the above questions, we may need a letter from your GP or Specialist describing the impact of these conditions on your life, and stating whether you are fit and healthy enough to go through a surrogate pregnancy.

Do you smoke? Yes / No

-If yes, please answer the following questions:

How many cigarettes do you smoke each day? _____

Will you be willing and able to cut down while you were trying to become pregnant? Yes / No

Will you be willing and able to cut down while you are pregnant? Yes / No

Will you be willing and able to completely stop smoking while you are trying to become pregnant? Yes / No



Will you be willing and able to completely stop smoking while you are pregnant?
Yes / No

-Please note: there is clear evidence that smoking during pregnancy can be harmful to an unborn child. Some couples are not prepared to work with a surrogate who smokes, or continues to smoke during the pregnancy.

Does your partner smoke? Yes / No

-If so, please answer the following questions: _

Will he take every step to protect you and the unborn child from the effects of passive smoking?
Yes / No

Do you drink alcohol? Yes / No

-If so, please answer the following questions:

How many units of alcohol do you drink each week? _____

Will you be willing to cut down while you were trying to become pregnant?
Yes / No

Will you be willing and able to cut down while you are pregnant? Yes / No

Will you be willing to stop drinking while you are trying to become pregnant/whilst pregnant?
Yes/ No

-Please note: there is clear evidence that drinking alcohol during pregnancy, even in small quantities, can be harmful to an unborn child. Some couples are not prepared to work with a surrogate mother who drinks any alcohol at all during the pregnancy.

Have you ever taken recreational drugs? Yes / No

-If yes, please give full details:

Do you have any religious or other beliefs that would impact on medical treatment? Yes / No

-If so, please explain how:



Have you told your friends & family about your plans to be a surrogate? Yes / No

-If so, how did they respond?

-If not, when will you tell them?

Please describe the support you will have from them during and after your surrogacy journey:

Have you told your GP about your plans to be a surrogate? Yes / No

-If so, how did he / she respond?

-If not, please be aware you will need a GP report to complete your application and will need to have received a completed application before payment for the report is made.

Section 6: Your fertility history

What kind of contraception do you use at the moment?

-Please note that the oral contraceptive pill usually needs to be stopped 3 months before attempting to become pregnant

-Please note that injected (depot) or implanted contraception usually needs to be stopped one year before attempting to become pregnant

Have you ever experienced fertility problems? Yes / No

-If yes, please give full details, including any tests or treatment that was needed:

Please tell us about **all your previous pregnancies**. This includes pregnancies that ended in a miscarriage or termination.

There's a full-page form for each pregnancy that you have had. There are enough pages for 4 pregnancies here; if you need more, either just print out another copy of the page, or write the answers on a blank sheet of paper.



PREGNANCY NUMBER: _____	In which year were you pregnant? _____
Did you have any problems becoming pregnant?	Yes / No
<p>Did you have a live birth? If so, please answer the following questions:</p> <p>At how many weeks did you deliver? Was it a natural birth or Caesarean? Were there complications for you during the pregnancy or delivery? Were there complications for you after the birth? Were there complications for the baby during the pregnancy or delivery? Were there complications for the baby after the birth?</p>	<p>Yes / No</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Did you have a miscarriage? If so, please answer the following questions:</p> <p>At how many weeks did you miscarry? Were there any complications for you after the miscarriage? Was a cause ever found for the miscarriage?</p>	<p>Yes / No</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Did you have a termination? If so, please answer the following questions:</p> <p>At how many weeks did you have a termination? Were there any physical complications for you? Did you receive any counselling at the time? How do you feel about the termination now?</p>	<p>Yes / No</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>



PREGNANCY NUMBER: _____	In which year were you pregnant? _____
Did you have any problems becoming pregnant?	Yes / No
<p>Did you have a live birth? If so, please answer the following questions:</p> <p>At how many weeks did you deliver? Was it a natural birth or Caesarean? Were there complications for you during the pregnancy or delivery? Were there complications for you after the birth? Were there complications for the baby during the pregnancy or delivery? Were there complications for the baby after the birth?</p>	<p>Yes / No</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Did you have a miscarriage? If so, please answer the following questions:</p> <p>At how many weeks did you miscarry? Were there any complications for you after the miscarriage? Was a cause ever found for the miscarriage?</p>	<p>Yes / No</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Did you have a termination? If so, please answer the following questions:</p> <p>At how many weeks did you have a termination? Were there any physical complications for you? Did you receive any counselling at the time? How do you feel about the termination now?</p>	<p>Yes / No</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>



PREGNANCY NUMBER: _____	In which year were you pregnant? _____
Did you have any problems becoming pregnant?	Yes / No
Did you have a live birth? If so, please answer the following questions: At how many weeks did you deliver? Was it a natural birth or Caesarean? Were there complications for you during the pregnancy or delivery? Were there complications for you after the birth? Were there complications for the baby during the pregnancy or delivery? Were there complications for the baby after the birth?	Yes / No _____ _____ _____ _____ _____ _____
Did you have a miscarriage? If so, please answer the following questions: At how many weeks did you miscarry? Were there any complications for you after the miscarriage? Was a cause ever found for the miscarriage?	Yes / No _____ _____ _____
Did you have a termination? If so, please answer the following questions: At how many weeks did you have a termination? Were there any physical complications for you? Did you receive any counselling at the time? How do you feel about the termination now?	Yes / No _____ _____ _____ _____



PREGNANCY NUMBER: _____	In which year were you pregnant? _____
Did you have any problems becoming pregnant?	Yes / No
Did you have a live birth? If so, please answer the following questions: At how many weeks did you deliver? Was it a natural birth or Caesarean? Were there complications for you during the pregnancy or delivery? Were there complications for you after the birth? Were there complications for the baby during the pregnancy or delivery? Were there complications for the baby after the birth?	Yes / No _____ _____ _____ _____ _____ _____
Did you have a miscarriage? If so, please answer the following questions: At how many weeks did you miscarry? Were there any complications for you after the miscarriage? Was a cause ever found for the miscarriage?	Yes / No _____ _____ _____
Did you have a termination? If so, please answer the following questions: At how many weeks did you have a termination? Were there any physical complications for you? Did you receive any counselling at the time? How do you feel about the termination now?	Yes / No _____ _____ _____ _____



Did you have any mental health issues such as postnatal depression during or after any of your previous pregnancies? Yes / No

-If yes, please give full details:

Do you think you have completed your family now?

Please confirm that you understand that there is a small risk of infertility following any pregnancy, including surrogate pregnancies, and a very small risk of serious illness and death during and after childbirth: **Yes / No**

Do you have an up-to-date will? Yes / No

Do you have adequate life insurance? Yes / No

If you do not have these in place at this time, don't worry as this will not prevent you becoming a full member but these will need to be in place at a later date and will be paid for by your chosen couple.

Section 7: About your work

Are you in paid employment? Yes / No
-If not, please go to Section 8

What are the arrangements for maternity leave and maternity pay?

What are the arrangements for sick leave, in case you become unwell during the pregnancy?



When do you plan to tell your employers about your plans to carry a baby via surrogacy?

When do you plan to tell your friends at work about your plans to carry a baby via surrogacy?

Would you be prepared to take on less responsibility or work fewer hours, if necessary during a surrogate pregnancy?

Section 8: Criminal convictions

a) Surrogate

Do you have any criminal convictions? Yes / No

-If so, please describe in detail:

Have you had a DBS check completed in the past 12 months? Yes / No

b) Surrogate's Partner

Do you have any criminal convictions? Yes / No

-If so, please describe in detail:

Have you had a DBS check completed in the past 12 months? Yes / No

We will need an up to date DBS check before you can become a member. We will cover any costs related to this, please contact Dawn at dawn.allen@surrogacyuk.org for details.



Section 9: Straight Surrogacy

Are you considering being a surrogate through Straight Surrogacy?

Yes / No / Unsure

-If you're **not** consider straight surrogacy, please go to Section 10

Where do you plan to do the inseminations?

-This is most commonly at your own home, but could also be in the Intended Parents' home, an IVF clinic, or a "neutral" place such as a hotel.

-Please note that if you prefer to use an IVF clinic you will be required to have at least one session of counselling in the clinic. In some circumstances they also prefer surrogates to have their monthly cycle controlled with medication.

Would you be willing to perform 2-3 inseminations per month? Please note that this is the recommended amount of inseminations per month, each around 24 hours apart. **Yes/No**

How many months of inseminations would you be willing to try? _____

-Please note that a maximum of 6 months is recommended, after which time all parties can consider the available options.

Would you prefer both Intended Parents to attend inseminations together? Yes / No

Would you be prepared to undertake an insemination if only the Intended Father providing the sample was available? Yes / No

Are you prepared to make any necessary lifestyle changes to improve your chances of conception and during pregnancy? This may include changes to your diet, taking vitamin supplements, stopping smoking and reducing your alcohol intake. Yes / No

Do you agree that from the time of your STI checks onwards, you will not expose yourself to any risks of sexually transmitted or blood-borne infections? Yes / No

-This means that you must not take a new sexual partner, have any new tattoos or piercings, or use injected drugs.





Section 10: Host Surrogacy

Are you considering being a surrogate through Host Surrogacy? Yes / No / Unsure

-If you are **not** considering host surrogacy, please go to Section 11

How far would you be prepared to travel to an IVF clinic?

-Please bear in mind that you will need frequent scans and check-ups around the time of embryo transfer

How will you travel to and from the clinic?

-Please bear in mind that your travel expenses will be paid for by the Intended Parents you are helping

How many cycles of IVF / embryo transfer would you be prepared to undertake?

Would you be willing to use embryos or fresh semen that has not been quarantined for six months? Yes / No

Do you understand that the treatment you will take for a medicated cycle, and following embryo transfer, may have side effects? Yes / No

Do you understand that the IVF clinic will contact your GP? Yes / No

Do you agree to see a counsellor in the clinic, and have your case submitted to the clinic's Ethics Committee? Yes / No

If several attempts of Host Surrogacy have been unsuccessful, do you think you would consider Straight Surrogacy to achieve a pregnancy with your Intended Parents? Yes / No / Unsure

Are you prepared to make any necessary lifestyle changes to improve your chances of conception and during pregnancy? This may include changes to your diet, taking vitamin supplements, stopping smoking and reducing your alcohol intake. Yes / No



Section 11: Expectations and preferences for your surrogacy relationship

The questions in this section are intended to make you consider these issues. You don't have to provide definitive answers, and the issues will be discussed in detail at your Membership Advisory session.

Please indicate whether you would be prepared to work with Intended Parents who:

- Smoke before the child is born Yes / No / Unsure
- Smoke after the child is born Yes / No / Unsure
- Have children already Yes / No / Unsure
- Plan to live abroad after the Parental Order is granted Yes / No / Unsure

You can add any comments about the above questions here:

- SurrogacyUK has a very diverse membership group. Our members vary in terms of age, cultural background, faith, sexual orientation, and physical ability.

Please describe the relationship that you would hope to have with your Intended Parents while trying to conceive, during the pregnancy, and in the longer term. Bear in mind that surrogacy relationships within SurrogacyUK are founded on friendship, and usually with the hope that this friendship will be long-lasting.

What is the maximum distance from your home that you would like your Intended Parents to live?

-Bear in mind that while you may initially think that distance is no object, long journeys might reduce the chances of you having a lasting friendship. Bear in mind also the implications for your Intended Parents attending inseminations in straight surrogacy, and antenatal appointments during the pregnancy.



During and after the pregnancy:

Will you plan to have all recommended scans and tests? Yes / No

Would you be prepared to have any extra scans or blood tests that the Intended Parents would pay for privately? Yes / No

Will you expect the Intended Parents to attend all the scans and antenatal appointments which are needed? Yes / No

Do you understand that until the Parental Order is granted, you will be legally recognised as the baby’s parent and maybe required to take any necessary decisions during and after the pregnancy? Yes / No

Are you planning to tell your midwives and other hospital staff that you are carrying the baby as a surrogate? Yes / No

Please describe any circumstances in which you would not be prepared to undergo invasive diagnostic tests like amniocentesis:

Are there any circumstances in which you would be prepared to terminate a pregnancy? Yes / No

-If yes, please outline them and the upper time limit when you would consider this.

Broadly, is your partner in agreement with your answers to the above questions? Yes / No
-If not, please explain any differences.

Would you be happy for the Intended Parents to be present at the birth? Yes / No

Do you think you will want to hold the baby after the birth? Yes / No

Before/after the birth, will you be open and honest with professional staff, friends, and neighbours about being a surrogate? Yes / No

Will you happy for a midwife to visit you at home for up to 10 days after the birth? Yes / No



Section 12: Expenses

Do you understand it is illegal to receive any payment from the Intended Parents other than 'Reasonable Expenses?' Yes / No

Do you understand that there is no expectation within SUK that any payments other than 'Reasonable Expenses' would ever be expected, asked for, or offered? Yes / No

Do you agree that you will only request 'Reasonable Expenses' incurred in your surrogacy journey. This includes all expenses incurred while you are getting to know your Intended Parents, while trying to conceive, during the pregnancy, and in the postnatal period. This would also include the costs for any professional counselling that you may require in connection your surrogacy journey. Yes / No

Do you agree that you will request expenses incurred before conception on an as and when basis, and during the pregnancy on a monthly basis, at 10% per month, with any remainder transferred once the baby is born? Yes / No

Please confirm that you accept SurrogacyUK is not involved in paying, transferring, receiving, or enforcing these payments, and that any expenses will be transferred directly between the Intended Parents and the surrogate. Yes

Section 13: Paperwork

Do you consent for SurrogacyUK to communicate with your GP, medical specialist, or fertility clinic, if they contact us directly? Yes / No

-Please note that SurrogacyUK would not do this without contacting you first.

If you are unmarried, are you happy for one of the intended parents to put his/her name on the birth certificate? Yes / No

Do you understand that if you are married, your husband's name (except in exceptional circumstances) will be recorded on the birth certificate? Yes / No

Do you agree to support the Intended Parents applying for a Parental Order? Yes / No

Will you be willing to sign a Parental Order, to confer the legal rights of the child to the Intended Parents? Yes / No



Do you understand that you will need to meet with a Court Reporter as part of this process?
Yes / No

Would you be prepared to take a DNA test if the court requested it? Yes / No

Section 14: Your Membership Advisory Session

Once your application pack has been received, the next step will be a face-to-face Advisory session with one of our experienced members. This will give you an opportunity to ask any questions you have about surrogacy and SurrogacyUK and to fill in any questions you have left blank or were unsure of.

If you have a partner, they need be present during the session as well. We are happy to arrange the session at your home at a time that's convenient for you.

Please indicate any days or times which would be most convenient for you:

Section 15: Data Protection Disclaimer

By completing this form, you are providing your consent for SurrogacyUK to review the information provided within this form along with any supporting documents.

Application forms and supporting documents will be distributed to a trusted volunteer Membership Advisor or Trustees in order to conduct the Membership Advisory Application Session.

Once a member of SurrogacyUK, your data will be held within our central database and aligned with our privacy policy.

Please indicate your consent here	<input type="checkbox"/>
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Section 16: Declaration

We, the undersigned, have read and understood this form. We have completed it to the best of our knowledge and ability and have not knowingly given any false information. We understand that if we have knowingly given false information our membership with SurrogacyUK will be terminated with immediate effect.

We understand that we may cancel our membership following the membership advisory session if we choose to.

We agree that SurrogacyUK or anyone acting on its behalf is not liable for any costs, claims, damages or demands howsoever arising from any Surrogacy Arrangement that we undertake or purport to enter into.

We acknowledge that SurrogacyUK does not perform introductions between Intended Parents and surrogates or seek to match members with each other for any purpose. We accept full responsibility for the consequences of any relationships founded with other SurrogacyUK members. We rely solely upon enquiries we ourselves have undertaken as to the suitability, medical fitness and past character of other SurrogacyUK members we form relationships with.

We understand that SurrogacyUK bears no responsibility whatsoever for any misrepresentation or omissions made at any time by its members, whether oral or in writing.

We understand that SurrogacyUK shall not be liable in respect of any claim for bodily injury caused to any person as a result of receiving medical advice, diagnosis, treatment or assistance or the administration of drugs.

We acknowledge that SurrogacyUK shall not be liable in respect of any liability arising out of the death, disease or illness of or bodily injury to any other person or loss of or damage to property.

We undertake not to talk to the media regarding SurrogacyUK or the Agreement entered into without all parties' prior knowledge and consent.

We have read and promise to abide by the SurrogacyUK Policies.

Surrogate: Name _____
Signature _____ Date _____

Surrogate's Partner: Name _____
Signature _____ Date _____



Please return your completed forms to:

Surrogacy UK
PO Box 8265
Matlock
DE4 9EE

Checklist

This checklist should accompany your application form and any supporting documentation.

It details the information that you will need to submit when applying for Membership.

You cannot become a Member until all documentation is received.

Please send your completed application form to Dawn at the above address so she can get the process started for you.

We require original documents, except in the case of documents for your DBS check, please only send copies.

	Enclosed		To follow	
Application form				
GP Report				
Invoice for GP Report - we will only make payment if a completed application has been received first (if applicable)				
	Surrogate		Surrogate's Partner	
	Enclosed	To follow	Enclosed	To Follow
DBS certificates (less than 12 months old)				
Two copies of ID documents, one being photo ID and one showing address				