



**SurrogacyUK**  
**Application form for Full Membership:**  
**Intended Parents.**

**A very warm welcome** to SurrogacyUK. Thank you for requesting the application form to join the organisation as Full Members. This form is for heterosexual couples and there is a separate form for same-sex couples.

The questions on this form serve several purposes:

**First**, we need to obtain some **basic information** about you for our records.

**Second**, we need to ensure that you have had the **necessary tests and checks** required for surrogacy: these vary according to whether you are considering host surrogacy, straight surrogacy, or both. Many of these are not a requirement for membership with us, but should be considered.

**Finally** we ask some questions about your **hopes and expectations** for surrogacy. Don't worry if you have not reached definitive answers to these questions. We include them here so you can start thinking about them together, and you can discuss them further at your face-to-face SurrogacyUK Membership Advisory Session.

We do ask you to fill the form in as **accurately** as possible. We hope you understand that if you are found to have deliberately withheld information, or have given false information, we may cancel your membership. In this case, a refund of your membership fee will not be possible.

If you feel there is **not enough space** in this form to provide the answer you would like to give to a question, please just **number it** and provide your answer on a separate sheet.

SurrogacyUK's policy requires **BOTH** applicants to be **living together** in the UK, and not just domiciled. Your supporting paperwork should demonstrate this.

You should return your completed application form to our IP Applications Manager using one of the following and please contact us should you have any questions:

**SurrogacyUK**  
PO Box 323  
Hitchin  
Hertfordshire  
SG5 9AX

[karla.nicolaou@surrogacyuk.org](mailto:karla.nicolaou@surrogacyuk.org)

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### Section 1: Basic Information

INTENDED MOTHER		INTENDED FATHER	
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:	
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: Eligibility for a Parental Order

Only Intended Parents who will be eligible to apply for a Parental Order are able to join SurrogacyUK. You must fulfil **ALL** of the following criteria to obtain a Parental Order:

- |  |          |
|--|----------|
| Are you in an “enduring” relationship with each other? | Yes / No |
| Will one of you be the biological parent of the child? | Yes / No |
| Is at least one of you domiciled in the UK?            | Yes / No |
| Are you both over 18 years old?                        | Yes / No |
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## Section 3: Your family at the moment

Do either of you have children already? Yes / No

If **no**, go to **section 4**:

If **yes**, please answer the following questions:

How many children do you have? Intended Mother: \_\_\_\_\_  
Intended Father: \_\_\_\_\_

How old are they? \_\_\_\_\_

Do the children live with you? Yes / No

Were there any complications during the pregnancy or delivery? Yes / No

If **yes**, please give details:

\_\_\_\_\_  
\_\_\_\_\_

Do the children have any serious health problems? Yes / No

If **yes**, please provide details:

\_\_\_\_\_  
\_\_\_\_\_

Is the health problem heritable? Yes / No

Have Children and Families Social Services previously been involved with the children in any way?

Yes / No

If **yes**, please give details:

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**Section 4: About having children**

Have you entered into a surrogacy relationship in the past?

Yes / No

If **yes**, please give details:

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Are you currently trying to have children by any other means, for example adoption?

Yes / No

If **yes**, please give details:

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Are you currently trying to form a surrogacy relationship through any means other than Surrogacy UK?

Yes / No

If **yes**, please give details:

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Please tell us in outline why you want to be parents:

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Why have you decided that surrogacy is the best way for you to have children?

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Describe any attempts you have made as a couple to become pregnant in the past:

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Do you both agree with the decision to use surrogacy to have children? Yes / No

If **no**, please give details:

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How do you think having children may affect your relationship and your lifestyle?

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Please both describe your pastimes and interests:

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## **Section 5: Social support, medical history, and lifestyle**

### **a) Intended Father and Intended Mother**

Have you told your friends about your plans to have a child through surrogacy?

Yes / No

If **yes**, how did they respond?

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If **no**, when will you tell them?

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Please describe the support you will have from your friends once the baby is born:

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Have you told your family about your plans to have a child through surrogacy?

Yes / No

If **yes**, how did they respond?

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If **no**, when will you tell them?

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Please describe the support you will have from your family once the baby is born:

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When are you intending to tell your employers about your plans?

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What period of leave are you both hoping to take from work once the baby is born?  
Do you know your employers' positions on this?

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Have you told your GP about your plans to have a child through surrogacy?

Yes / No

If **yes**, how did he / she respond?

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If **no**, please be aware you will need a GP letter to complete your application.

## **b) Intended Father**

What is your height?

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What is your weight?

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Do you smoke?

Yes / No

If **yes**, how many per day?

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Would you be prepared to stop smoking to improve your sperm quality?

Yes / No / NA

Do you intend to stop smoking once the baby is born? Yes / No / NA

Many Surrogates will not work with Intended Parents who smoke: would you be willing to stop smoking to improve the chances of meeting a Surrogate? Yes / No / NA

Do you drink alcohol? Yes / No

If **yes**, how many units per week? \_\_\_\_\_

Would you be willing to reduce the amount of alcohol you drink to improve your sperm quality? Yes / No / NA

Have you ever used recreational drugs? Yes / No

If **yes**, please give details:  
\_\_\_\_\_

Do you have any medical conditions at the moment? Yes / No

If **yes**, please describe in detail, and describe the impact that these have on your day-to-day life:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had any serious health problems in the past? Yes / No

If **yes**, please describe in detail:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you take any prescribed medication? Yes / No

If **yes**, what is the medication?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any illnesses that run in your family:

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

When you enter into a formal agreement with your Surrogate, you will be required to update your will and obtain life insurance, to provide for your child in the event of your death.

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

Do you currently have adequate life insurance? Yes / No

### **c) Intended Mother**

What is your height? \_\_\_\_\_

What is your weight? \_\_\_\_\_

Do you smoke? Yes / No

If **yes**, how many per day? \_\_\_\_\_

Do you intend to stop smoking once the baby is born? Yes / No / NA

Many Surrogates will not work with Intended Parents who smoke: would you be willing to stop smoking to improve the chances of meeting a Surrogate? Yes / No / NA

Do you drink alcohol? Yes / No

If **yes**, how many units per week? \_\_\_\_\_

Have you ever used recreational drugs? Yes / No

If **yes**, please give details:  
\_\_\_\_\_

Do you have any medical conditions at the moment? Yes / No

If **yes**, please describe in detail, and describe the impact that these have on your day-to-day life:

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Have you had any serious health problems in the past? Yes / No

If **yes**, please describe in detail:

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Do you take any prescribed medication? Yes / No

If **yes**, what is the medication?

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Please list any illnesses that run in your family:

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

When you enter into a formal agreement with your Surrogate, you will be required to update your will and obtain life insurance, to provide for your child in the event of your death.

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

Do you currently have adequate life insurance? Yes / No



## Section 6: Criminal convictions

### Intended Father

Do you have any criminal convictions?

Yes / No

If **yes**, please describe in detail:

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### Intended Mother

Do you have any criminal convictions?

Yes / No

If **yes**, please describe in detail:

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## Section 7: Straight Surrogacy

Please complete the following section if you are considering straight surrogacy. You should consider the following points:

### **Inseminations:**

*If you chose to do your inseminations at an IVF clinic, you will have to fulfil their requirements for the use of quarantined semen (see the section on Host Surrogacy for details)*

### **Semen analysis:**

*Some GPs are willing and able to arrange this on the NHS; others will suggest you use a private IVF clinic.*

### **Sexual health checks:**

*Intended Fathers require sexual health checks before membership, and again prior to starting inseminations. In some cases, the Intended Mother may be required to have STI checks prior to starting inseminations as well. Please see the checklist towards the end of this application to confirm what results are needed as part of your application; alternatively you can contact us on [karla.nicolaou@surrogacyuk.org](mailto:karla.nicolaou@surrogacyuk.org).*

*There are various other tests that you may wish to consider which are optional and have been listed below.*

## **Intended Father**

Have you had a **Cystic Fibrosis** carrier test? Yes / No

*This is a common and serious genetic disorder, and 1 in 25 people in the UK are carriers. If both you and the biological mother are carriers, there is a 1 in 4 chance of the child being affected.*

Have you had a **Tay Sachs** carrier test (people of Jewish heritage only)? Yes / No / N/a

Have you had a **Beta-Thalassaemia** carrier test (people of African, Caribbean, Middle-Eastern, and Mediterranean heritage only)? Yes / No / N/a

Have you had a **Sickle Cell** carrier test (people of African, Caribbean, Middle-Eastern, and Mediterranean heritage only)? Yes / No / N/a

Have you had a Cytomegalovirus (CMV) test? Yes / No

If so, what was the result? Positive / Negative

Have you had a semen analysis? Yes / No

Where would you hope to perform inseminations?

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*This is most commonly done in the Surrogate's own home, but could also be in a fertility clinic, or another place that you have agreed with the Surrogate.*

How often would you be willing and able to perform inseminations each month?

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*Please note that 2-3 inseminations per month are recommended, each around 24 hours apart.*

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

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

Are you prepared to make any necessary lifestyle changes to improve the quality of your sperm? This may include changes to your diet, stopping smoking, reducing the amount of alcohol you drink, and taking vitamin supplements? Yes / No

Would you both plan to attend the inseminations? Yes / No  
*Some Surrogates only feel comfortable carrying out an insemination if the Intended Mother accompanies the Intended Father.*

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## Section 8: Host surrogacy

Please complete the following section if you are considering host surrogacy. You should consider the following points:

### **Semen analysis:**

*Your IVF clinic can perform the semen analysis, or it may be possible to have this organised on the NHS.*

### **Quarantine:**

*A **six month** quarantine period is usually required prior to transferring embryos to your Surrogate, although some clinics do not insist on this. Please check with your clinic if you are unsure.*

*If you are going to use a quarantine period, the six months can either apply to frozen semen, or frozen embryos.*

*In the first case, embryos created using quarantined sperm would be available for use immediately.*

*In the second case, the embryos would need to be frozen and could not be used for six months.*

### **Sexual health checks:**

***If you are only considering host surrogacy, you do not need to have your health tests completed before joining SUK.***

*Some clinics will insist that both of you have sexual health tests. Your clinic can arrange these tests, or to save money it may be possible to have them done on the NHS, either via your GP, or via your local sexual health clinic.*

*Sexual health tests usually have to be performed both before and after the quarantine period.*

*The tests required are listed in the separate "Checklist" at the end of this application.*

## **a) Intended Father and Intended Mother**

Are you already registered with an IVF clinic? Yes / No

If **yes**, which?

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Would you consider moving clinics in order to have treatment closer to your Surrogate? Yes / No

Do you have sperm frozen in an IVF clinic? Yes / No

If **yes**, when was it frozen? \_\_\_\_\_

Have you attempted egg collection in the past? Yes / No

If **yes**, please describe the outcomes of the treatment:

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Do you have embryos frozen in an IVF clinic? Yes / No

If **yes**, how many and when were they frozen? \_\_\_\_\_

## **b) Intended father**

Have you had a **Cystic Fibrosis** carrier test? Yes / No

*This is a common and serious genetic disorder, and 1 in 25 people in the UK are carriers. If both you and the biological mother are carriers, there is a 1 in 4 chance of the child being affected.*

Have you had a **Tay Sachs** carrier test (people of Jewish heritage only)? Yes / No / N/a

Have you had a **Beta-Thalassaemia** carrier test (people of African,

Caribbean, Middle-Eastern, and Mediterranean heritage only)? Yes / No / N/a

Have you had a **Sickle Cell** carrier test (people of African, Caribbean, Middle-Eastern, and Mediterranean heritage only)? Yes / No / N/a

Have you had a Cytomegalovirus (CMV) test? Yes / No

If so, what was the result? Positive / Negative

### **c) Intended Mother**

Have you had a **Cystic Fibrosis** carrier test? Yes / No

*This is a common and serious genetic disorder, and 1 in 25 people in the UK are carriers. If both you and the biological mother are carriers, there is a 1 in 4 chance of the child being affected.*

Have you had a **Tay Sachs** carrier test (people of Jewish heritage only)? Yes / No / N/a

Have you had a **Beta-Thalassaemia** carrier test (people of African, Caribbean, Middle-Eastern, and Mediterranean heritage only)? Yes / No / N/a

Have you had a **Sickle Cell** carrier test (people of African, Caribbean, Middle-Eastern, and Mediterranean heritage only)? Yes / No / N/a

Have you had a Cytomegalovirus (CMV) test? Yes / No

If so, what was the result? Positive / Negative

## **Section 9: Expectations and preferences for your surrogacy relationship**

The questions in this section are intended to make you consider your hopes and expectations for a surrogacy relationship. You don't have to provide definitive answers, and the issues will be discussed in detail at your Membership Advisory Session. Please indicate below if an answer is either something you feel very strongly, or something you remain unsure about.

A pregnant woman's lifestyle choices can affect an unborn child. It can be difficult for Intended Parents to accept that they have little control over the Surrogate's behaviour during this time.

Please indicate whether you would be prepared to work with a Surrogate who:

Smokes before conception	Yes / No / Unsure
Smokes at all during pregnancy	Yes / No / Unsure
Drinks alcohol before conception	Yes / No / Unsure
Drinks alcohol at all during pregnancy	Yes / No / Unsure
Is obese	Yes / No / Unsure
Has strong religious convictions	Yes / No / Unsure
Has not completed her family	Yes / No / Unsure

You can add any comments about the above questions here:

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What age-range for a Surrogate you would be prepared to work with? \_\_\_\_\_

Please describe the relationship that you would hope to have with your Surrogate while trying to conceive, during the pregnancy, and in the longer term.

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What is the maximum distance from your home that you would like your Surrogate to live? \_\_\_\_\_

*While you may initially think that distance is no object, long journeys might reduce the chances of you having a lasting friendship. Please take into consideration the implications for inseminations in straight surrogacy, and for attending antenatal scans during the pregnancy.*

## During the pregnancy:

Would you expect the Surrogate to have all recommended scans and tests? Yes / No

Would you ask the Surrogate to have any extra scans or blood tests that you would pay for privately? Yes / No

Would you aim to attend all scans and antenatal appointments that the Surrogate attends? Yes / No

Please describe any circumstances in which you would want the Surrogate to undergo invasive diagnostic tests such as amniocentesis:

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Are there any circumstances in which you may ask the Surrogate to terminate the pregnancy? Yes / No

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

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Would you be prepared to work with a Surrogate whose views substantially differ from your own on the above questions? Yes / No

Broadly, are you both in agreement with your answers to the above questions? Yes / No

If **no**, please outline any differences here.

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Would you hope to be present at the birth, if the Surrogate agrees to this? Yes / No

Would you be happy if the Surrogate wanted to hold the baby? Yes / No



## Section 10: Expenses

Please confirm that you understand it is illegal to give any payment to the Surrogate or her family, other than reasonable expenses Yes / No

Please confirm your understanding that in SUK such payments should never be expected, asked for, or offered Yes / No

Please confirm that you will pay all reasonable expenses incurred by the Surrogate in your surrogacy journey. This includes all expenses incurred while you are getting to know one another, while trying to conceive, during the pregnancy, and in the postnatal period. This would also include the costs for any professional counselling that the Surrogate may require in connection to your surrogacy journey Yes / No

Please confirm that you will pay expenses incurred before conception on an ad-hoc basis, and during the pregnancy on a monthly basis, usually between 5-10% per month, with the remainder once the baby is born Yes / No

Please confirm that you accept Surrogacy UK 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 / No

Please indicate the total amount of expenses you would be able to afford, excluding any treatment costs payable to a fertility clinic: £ \_\_\_\_\_

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## Section 11: Paperwork

Do you both consent for Surrogacy UK to communicate with your GP, medical specialist, or fertility clinic, if they contact us directly? Yes / No  
*(Please note that we would not do this without contacting you first)*

If the Surrogate is unmarried, will the biological father put his name on the birth certificate? Yes / No

Do you accept that if the Surrogate is married, her partner's name will be recorded on the birth certificate? Yes / No  
*(You will be reissued with a new birth certificate naming you as the legal parents following on from the Parental Order process)*

Are you intending to apply for a Parental Order when the baby is aged between 6 weeks and 6 months? Yes / No

Will you be willing to meet with a Parental Order Reporter as part of this process? Yes / No

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

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## Section 12: Media

Surrogacy UK actively seeks media coverage to attract new members and encourage positive attitudes towards surrogacy. Would you be prepared to take part in any activities to raise awareness of the organisation? Yes / No  
*(You are under no obligation to take part, and can change your mind at any time.)*

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## Section 13: Data Protection Disclaimer

By completing this application form, you are providing your consent for Surrogacy UK 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 Advisors or Trustees in order to conduct the Membership Advisory Application Session.

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

**Intended Parent 1:** Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Intended Parent 2:** Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## Section 14: 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 may be terminated with immediate effect.

We understand that we may cancel our membership following the Membership Advisory Session if we choose to and must put this in writing within 14 days from having this session for a refund of the membership fee, minus an administration charge.

We agree that SurrogacyUK or anyone acting on its behalf is not liable for any costs, claims, damages or demands however 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 potential 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 Arrangement entered into without all parties' prior knowledge and consent.

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

**Intended Parent 1:** Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Intended Parent 2:** Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## Checklist for Membership Application

- This checklist should accompany your application as it details the information you will need to submit when applying for membership.
- Your application will only be included onto our waiting list upon receipt of your administration fee. Once you reach the top of our waiting list, we require all supporting documents to have been received by this point otherwise we will be unable to process you for full membership.
- We require supporting documents to be dated within the past 12 months and copies of these should be emailed to our IP Applications Manager.

	Intended Mother		Intended Father	
	(Enclosed)	(To Follow)	(Enclosed)	(To Follow)
<b>Basic DBS certificate*</b>				
<b>Medical report from your GP**</b>				
<b>STI test results+</b> (straight surrogacy)	N/A	N/A		
<b>Semen analysis++</b> (straight surrogacy)	N/A	N/A		

	Paid
<b>Administration fee of £200</b>	Your Administration fee should be paid via BACs into the following account: <b>A/c Number:</b> 41658069 <b>S/C:</b> 40-31-09 <b>A/c Name:</b> Surrogacy UK

Please use your name as the reference for your administration fee and email our IP Applications Manager once this has been done; upon receipt of both form and admin fee, your application will be included onto our waiting list. The remaining balance for our joining fee of £1,000 (£1,200 total) will be due once you reach the top of the list and we are ready to complete your application for full membership. Please note our administration fee is non-refundable.

\*You can use the gov.uk website to obtain a police check yourself and the easiest way to get this is to apply online using the following link: <https://www.gov.uk/government/publications/basic-checks> It's a basic disclosure we need and the current cost for these are £25.00 each. Residents in Scotland should contact Disclosure Scotland.

\*\* The letter to request your medical report can be found on our website; you will need to complete the initial pages and then hand these to your GP to complete rest.

+ The STIs we will need results for are Chlamydia / Gonorrhoea / Hepatitis B / Hepatitis C / Syphilis / HIV

++ Any results should fall within the WHO recommended levels for them to be accepted.