File no._____

Macao SAR Government

Social Welfare Bureau

Application for Joint Adoption

Instructions for Completing the Application for Joint Adoption

1. This Application for Joint Adoption consists of 5 parts.
   * Part 1 concerns the Declaration on Collection of Personal Data;
   * Part 2 concerns the basic information, economic status and family background of the applicant;
   * Part 3 concerns the applicant's preferences about the child to be adopted;
   * Part 4 concerns the employment situation, health condition, growing and life experience, marriage life, child rearing experience and planning, child adoption and upbringing information of the male/female applicants;
   * Part 5 concerns the Declaration on Application for Joint Adoption.

2. This Application for Joint Adoption shall be completed by you in person. If you are not able to complete it yourself or would like to entrust a friend or relative to fill it in on your behalf, please inform our staff who is responsible to follow up on your case.

3. Please complete the Application for Joint Adoption in block letter. If you find space insufficient, please attach your information in A4-sized paper.

4. Upon completing the Application for Joint Adoption, please sign the signing page for the male/female applicant (page 2 and page 32) accordingly in the same style as you have signed your identification document; meanwhile, please initial your name on the bottom left corner of the page with your personal information.

5. Please hand in the completed Application for Joint Adoption to the responsible staff in person so that he/she can follow up on your application.

6. If you have queries about the content of the Application for Joint Adoption, please contact the responsible staff.

Note: The English translation is for reference only. In case of any discrepancy in meaning between this English version and the original Chinese or Portuguese versions. The Chinese and Portuguese versions shall prevail.

Part I

Declaration on Collection of Personal Data

I, the undersigned, hereby declare that:

1. I understand and agree that Social Welfare Bureau will process the personal information of mine and my family members;

2. I will inform my family members concerned about the collection of personal data (including purpose and use of the data so collected) and ensure that I will obtain their consent whenever necessary.

3. I agree that Social Welfare Bureau will transfer the submitted information to other entities / departments for verification and follow-up; or Social Welfare Bureau will obtain from relevant entities the information and documents required to analyze and evaluate the application or service; for this purpose, I undertake to sign a separate letter of authorization at the request of Social Welfare Bureau, or it shall be deemed a waiver of application on my own.

4. For obtaining the relevant services, I am willing to provide all required personal information and documents to Social Welfare Bureau within the specified time, or the final result of my application for services may be affected;

5. All submitted documents and information are true; in case of false or forged information, the Social Welfare Bureau shall prosecute for liability according to law.
   [According to Article 250 "Use of False Certificates" of Criminal Code of Macao: Whoever uses false proof or certificates for the purpose of deceiving any public authorities, impairing the interest of others or obtaining illegitimate benefits for himself or others shall be sentenced to fixed term imprisonment of up to one year or put under a penalty of up to 120 days.]

   Note: The amount of penalty is of MOP 50 to 10,000 per day.

6. I fully understand and accept the description in Remarks Column on the overleaf.

Signature of the male applicant	Signature of the female applicant
_____	_____
Signing date: _____ dd/mm/yy	Signing date: _____ dd/mm/yy

Remarks Column

In accordance to the provision of Decree No. 8/2005 – Law of Protection of Personal Information, please carefully read the following before you provide any information to Social Welfare Bureau (hereinafter called "SWB"):

1. Purpose and method of information processing by SWB

   Your personal information will be used only for SWB to follow up on your application and request. The type of information to be processed by SWB depends on what you apply for and request. Only with your consent, SWB will disclose the information to entities outside the SWB, except otherwise specified by the prevailing laws.

2. Use of personal information

   In addition to the follow-up and evaluation of your application, the information provided by you will be used by SWB for statistical and study purpose in order to supervise, review and improve the services provided by the SWB.

3. Information referral

   When necessary, SWB will disclose the information provided by you to relevant entities / units in accordance with prevailing laws.

   In some cases where you disagree to the disclosure of information to other entities, your application may not be processed or the service may not be provided to you because SWB is unable to evaluate your situation.

4. Checking, change or deletion of personal information

   You may submit a request to SWB for checking the personal information, change the incomplete or inaccurate information or delete the stored information, except for the personal information deleted upon fulfillment of the purpose. In exercising this right, you may return the completed application form to SWB.

   It may cause the SWB unable to process your case or application if you request to delete the personal information halfway in the course of the application process.

5. Retention Period

   The retention period for data collection is subject to provisions of Ordinance No.73/89/M, Article 12 of Decree-law No.73/89/M, and Item (5), Paragraph 1, Article 5 of the *Personal Data Protection Act*, but it will be superseded by a retention period formally stipulated or amended later.

6. For other information that has not been mentioned in this Column, please refer to Decree-Law No. 8/2005 - Personal Data Protection Act.

7. Enquiry

   For enquiry, please call _____ of SWB during the office hours (Tel: _____).

Part II

A. Basic Data (please put a tick on the box “ ” to indicate your choice)

No.	Item	Male Applicant	Female Applicant
1	Name in Chinese		
	Name in English		
2	Date of Birth	(dd/mm/yy)（age ）	(dd/mm/yy)（age ）
3	Place of Birth		
4	Macao SAR Resident Identity Card No.	☐ Permanent resident ☐ Non-permanent resident No.: _____	☐ Permanent resident ☐ Non-permanent resident No.: _____
5	First Residing Date in Macao	(dd/mm/yy)	(dd/mm/yy)
6	Nationality		
7	Race		
8	Place of Origin		
9	Religion		
10	Higest Education		
11	Marital Status	□ Single □ Divorced □ In separation □ Remarried □ Married □ In cohabitation Registration date of existing marriage / Cohabitation: _____(dd/mm/yy)	□ Single □ Divorced □ In separation □ Remarried □ Married □ In cohabitation Registration date of existing marriage / Cohabitation: _____(dd/mm/yy)
12	Current address		
13	Contact Tel. No.		
14	Email (if applicable)		

B. Economic Status

Please complete the following form in the unit of MOP and attach certificates evidencing the property stated with this Application for Joint Adoption.

Item	Personal Assets of Male Applicant	Personal Assets of Female Applicant	Joint Assets
Monthly Salary			
Total Savings			
Year and Purchase Price of Property (please indicate items and price)			
Total Value of Other Assets (please indicate items and value)			
Total Amount of Current Liabilities (please indicate items and amount)			
Average Monthly Family Expenditure on Daily Commodities (please indicate items and amount)			

C. Background of Applicant's Household Members (If applicant's children are not living in the same property, please indicate in remarks.)

Name	Age	Relationship *(please indicate the parent, natural child, step child or adopted child of male/female applicant)*	Occupation	Schooling *(please indicate the name of school and grade)*	Health Status *(There are two options for health conditions, i.e. "Good" or "General". If you have been diagnosed with a disease or are receiving treatment, please specify.)*	Remarks

Part III

Your preference on the Adoptee (please put a tick on the box "☐" to indicate your choice)

A. ☐ Already got a specific child to be adopted

Name: _____ Relationship with you: _____

Current City of Residence: _____ Age:_____

B. ☐ No specific child to be adopted

Age: from ____ months / years old to ___ months / years old or ___ years old

Sex: ☐ Male ☐ Female ☐ Either male and female are ok

Race: ☐ acceptable / unacceptable races: _____

Are you willing to adopt a child with special needs?

☐ Yes ☐ No ☐ I will think about it

If your answer to the above question is "Yes" or "I will think about it", please specify:

☐ Eyesight: _____

☐ Hearing: _____

☐ Language deficiency: _____

☐ Physical Body: _____

☐ Intelligence: _____

☐ Mentality: _____

☐ Behaviour: _____

☐ Others: _____

Part IV

(To be filled in by the male applicant)

A. **Your employment situation, health condition, growing and life experience, marriage life and child rearing experience and planning:**

Employment Situation

	Company Name	Position	Duration of Employment	Reason(s) for Resignation
Occupation (in the past 5 years, starting from the most recent one to latest one.)				
Do you plan to change your job within 12 months' time? If yes, please specify.				

Health Condition

1. Have you ever experienced any mental, psychological or behavioral disorder (e.g. depression, insomnia, mental confusion, etc) that has affected your social life or work for two weeks or more?

☐ Yes ☑ No

2. If your answer to the previous question is "Yes", what was your problem? Have you ever received any treatment? Please specify.

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Growing and Life Experience

1. Please describe briefly the most memorable and important experience in your growing process.

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2. Please describe briefly the difficulties you have encountered in your growing process and how you overcame them.

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Marriage Life

1. Please describe briefly the most memorable and important experience in your current marriage life.

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2. Please describe briefly the difficulties you have encountered in your current marriage and how you overcame them.

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Child Rearing Experience and Planning

1. Please describe briefly your experience in taking care of a child (please indicate the age of the child you have taken care of and his /her relationship with you).

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2. Please describe briefly the difficulties you have experienced or foresee to happen in the future as a parent and how you have addressed or will address them.

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B. **Matters on Adoption and the Adoptee:**

1. Please explain the reason(s) why you want to adopt a child.

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2. a) Please describe the needs you think an adopted child has in his/her growing process.

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b) When the adopted child behaves in a way different from what you have expected, how will you cope with it?

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3. Will you tell the adopted child that he/she is being adopted? Why or why not?

4. What are the attitudes of your children and relatives towards your decision of adoption?

5. What is your future rearing plan for the adopted child?

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6. The following questions are for adopters who are of different nationality or race from the adopted child:

a) What impact do you think adopting a child of different nationality or race will have on your family?

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b) How will you cope with the problems resulting from difference in nationality or culture between the adopted child and yourself?

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7. The following questions are for adopters who apply for adopting a minor:

a) What is your view on the behavioral deviation of minors such as theft, playing truant, poor academic performance, etc?

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b) How will you cope with it when the foregoing occurs to your own child or the adopted child?

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8. The following questions are for adopters who apply for adopting an adult:

a) If you do not like a friend of your adoptee, for example, a friend who indulges in eating, drinking or pleasure seeking, quits school or engages in improper profession, how will you cope with it?

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b) If the adoptee has different opinions from you in education or choosing a career, how will you cope with it?

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9. The following questions are for adopters who have already had children (minor/ adult):

a) How will you guide your children to accept the adopted child as a member of your family?

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b) How will you allocate your time in taking care of your own children and the adopted child?

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c) If your children dislike the adopted child (say, they think you favour the adopted child), how will you cope with it?

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Signature of the male applicant

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Signing date: _____
dd/mm/yy

Part IV

(To be filled in by the female applicant)

A. Your employment situation, health condition, growing and life experience, marriage life and child rearing experience and planning:

Employment Situation

	Company Name	Position	Duration of Employment	Reason(s) for Resignation
Occupation (in the past 5 years, starting from the most recent one to latest one.)				
Do you plan to change your job within 12 months' time? If yes, please specify.				

Health Condition

1. Have you ever experienced any mental, psychological or behavioral disorder (e.g. depression, insomnia, mental confusion, etc) that has affected your social life or work for two weeks or more?

☐ Yes ☐ No

2. If your answer to the previous question is "Yes", what was your problem? Have you ever received any treatment? Please specify.

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Marriage Life

1. Please describe briefly the most memorable and important experience in your current marriage life.

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2. Please describe briefly the difficulties you have encountered in your current marriage and how you overcame them.

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Signature of the female applicant

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Signing date: _____
dd/mm/yy

Part V

Declaration on Application for Joint Adoption

I, the undersigned, hereby declare that:

1. I have completed the Application for Joint Adoption in a true and honest manner to the best of my knowledge.
2. I understand that the information/documents submitted to and kept by the Social Welfare Bureau are required documents for the Social Welfare Bureau to deliberate and determine on my application for adoption according to Article 139 of Decree-law No. 65/99/M and that the abovementioned information / documents may be delivered to the prosecutors / courts as one of the data / documents evidencing my application for adoption.
3. I understand that if I have been diagnosed with a disease or am receiving treatment for it, I have to submit an additional medical report/material to the Social Welfare Bureau.
4. I understand that some of the information/documents submitted to the Social Welfare Bureau are time-sensitive and if they are deemed invalid when overdue, I have to submit updated information /documents to the Social Welfare Bureau.
5. I understand that because the children available for adoption are limited in number and it takes time to determine whether or not an application should be approved in the adoption matching process, I may have to wait for the Social Welfare Bureau to allocate a suitable child.

Signature of the male applicant	Signature of the female applicant
_____	_____
Signing date: _____ dd/mm/yy	Signing date: _____ dd/mm/yy