Guide on How to Complete Your Application Form

Fill out every question as comprehensively as you can.

Make sure you write your personal profile so people reading can get to know you. Please attach nice family photos not passport blank ones.

Send in your application first other documents can follow.

Fill out the GP request form and submit them to your doctor's surgery. Do not return the blank copies to COTS. COTS will reimburse surrogates for this outlay approx. £20 to £30.00 on average once you have been accepted, and on receipt of an invoice. IP's pay their own.

Apply for your basic DBS criminal record check both IP's, surrogate mother & her partner if applicable.

For surrogate mothers only this cost will be reimbursed by COTS once you have joined us.

IP's pay for your own DBS.

When the paperwork has been completed then the next step is to make an appointment with our independent counsellor. Details will follow.

Please ensure COTS has the correct email address you use to log onto

Facebook with so you can be added to all the relevant groups besides our open group, COTS Surrogacy the Ultimate Gift.

These are the COTS members only group COTS Childlessness Overcome Through Surrogacy. Our matching only group Triangle Sometimes It Takes Three.

Later once matched there is a group for surrogates alone and another for the IP's where you can chat privately.

Applications can be emailed to kim@surrogacy.org.uk

Or posted to COTS, 54 Dubbs Knoll Rd, Guilden Morden, Royston SG8 OLA. Please ensure the correct postage is paid.

IP's once you are a fully paid up member and matched, we will send you a template for your agreement session already included in membership fee.

Please complete all parts of this form clearly in BLACK INK ONLY



COTS, 54, Dubbs Knoll Rd Guilden Morden, South Cambs SG9 OLA

Telephone & Facsimile: 0333 772 1549

Calling from outside the UK 0033 3772 1549

Website: www.surrogacy.org.uk Email: [kim@surrogacy.org.uk](mailto:kim@surrogacy.org.uk)

Chairperson & Co-Founder: Kim Cotton

**Information and membership pack for Surrogate Mothers.**

Hello and a very warm welcome to COTS. Thank you for your enquiry about joining the organisation.

We hope that this will be the start of an incredible journey for you in helping a couple to become a family. It takes someone very special like you to enable this to happen.

The application pack contains a number of sections for your information, and questions which you need to complete for COTS records. If you have a husband/partner, he/she will also need to complete some sections. Please go through the form carefully and answer all questions accurately and honestly in black

If it is found that you have deliberately withheld information or given false information, then we may have to cancel your membership.

If you do not have enough space to answer, then please submit your answers on a separate sheet numbering the question to correspond with form.

As soon as your completed pack has been received you will be contacted by Kim, who will arrange an information session. Following this session and on receipt of your medical screenings, DBS checks and GP letters you will be given access to the COTS Facebook Groups.

The final part of the pack is a letter which you need to complete and take to your GP for him/her to complete a medical report. Do not send it to COTS.

Please return your completed form to:

COTS

54, Dubbs Knoll Rd

Guilden Morden, South Cambs

SG8 OLA

Tel: 0333 772 1549

If you need any further information, please email: kim@surrogacy.org.uk or call 0333 772 1549.

Please complete all parts of this form clearly in BLACK INK ONLY

CONTENTS

|  |  |  |
| --- | --- | --- |
| Section 1: | Personal Information | 3 |
| Section 2: | Health and Lifestyle | 4 |
| Section 3: | Employment | 5 |
| Section 4: | Fertility | 6 |
| Section 5: | About you being a surrogate | 7 |
| Section 6: | Information about your partner | 9 |
| Section 7: | Questions for your partner | 9 |
| Section 8: | Children, Pregnancy, Birth | 10 |
| Section 9: | Support | 12 |
| Section 10: | Surrogate Pregnancy/Birth | 12 |
| Section 11: | Intended Parent Preferences & Expectations | 13 |
| Section 12: | Expenses | 14 |
| Section 13: | Consent & Legal Issues | 14 |
| Section 14: | Previous Applications | 15 |
| Section 15: | Publicity | 15 |
| Section 16: | Criminal Convictions | 15 |
| Section 17: | Information Session | 16 |
| Section 18: | Declaration | 17 |
| Section 19: | COTS Policies | 17 |
| Section 20: | Profile | 18 |
| Appendix: |  |  |
| Checklist |  | 19 |
| GP Letters |  | 19 |

Please complete all parts of this form clearly in BLACK INK ONLY

**Section 1: Personal Information**

|  |  |
| --- | --- |
| **Surrogate Mother** | **Surrogate Mother's Partner/Husband (if applicable)** |
| Name | Name |
| Date of Birth | Date of Birth |
| Address | |
| Home Tel No | Work Tel No |
| Surrogate's Mobile No | Partner/Husband's Mobile No |
| Email | Email |
| **To ensure you receive all updates, AGM information, News Bulletins and any other information it is imperative that COTS is informed of any change of address, emails or telephone numbers.** | |

|  |  |
| --- | --- |
| Which method of surrogacy are you considering? straight [ ] Host [ ] Either [ ] | |
| Ethnic Origin | Ethnic Origin |
| Religion | Religion |
| Are you a British Citizen? Yes [ ] No [ ] | Are you a British Citizen? Yes [ ] No [ ] |
| Occupation | Occupation |
| Number of hours worked? | Number of hours worked? |

Please complete all parts of this form clearly in BLACK INK ONLY

**Section 2: Your Health and Lifestyle**

|  |  |  |  |
| --- | --- | --- | --- |
| What is your height? | Ft inches  *Or*  cm | What is your weight? | Stones lbs  *Or KG* |
| BMI important we know | | | |
| Have you had any serious medical conditions in the past or present? Yes [ ] No [ ] | | | |
| If yes, please give full details: | | | |
| Have you ever suffered from severe depression or psychological problems? If yes, please give full details & are you currently on any medication for it?  Yes [ ] No [ ] | | | |
| Are there any hereditary illnesses in your family i.e. diabetes, epilepsy, cystic fibrosis, etc? If yes, please give full details.  Yes [ ] No [ ] | | | |
| Are you currently taking any medication? If yes, please state what medication and why:  Yes [ ] No [ ] | | | |
| Are you immunised against rubella? Yes [ ] No [ ]  If no, are you prepared to be immunised? Yes [ ] No [ ] *If no, then you may not be able to proceed.* | | | |
| Have you ever been refused health insurance, or had exclusions/conditions applied to a policy? Yes [ ] No [ ]  *If yes, you may not be able to proceed.* | | | |
| Do you smoke? Yes [ ] No [ ]  If yes, how many? | | | |
| Does your partner smoke? Yes [ ] No [ ] n/a [ ]  If yes, how many? | | | |
| Would you be willing to cut down/stop whilst trying to become pregnant? Yes [ ] No [ ] n/a [ ] | | | |
| Would you be willing to cut down/stop whilst pregnant? Yes [ ] No [ ] n/a [ ]  *Please note there is clear evidence that smoking during pregnancy could be harmful to an unborn child. Some couples are not prepared to work with a surrogate who smokes, or refuses to stop during a pregnancy* | | | |

Please complete all parts of this form clearly in BLACK INK ONLY

|  |
| --- |
| Do you drink alcohol? Yes [ ] No [ ] If yes, how many units do you drink per week?  Would you be willing to cut down/stop whilst trying to become pregnant? Yes [ ] No [ ] n/a [ ] Would you be willing to stop whilst pregnant? Yes [ ] No [ ] n/a [ ]  *Please not there is clear evidence that even a small amount of alcohol can harm an unborn baby. Some couples will not work with a surrogate who consumes alcohol during pregnancy.* |
| Do you take recreational drugs? Yes [ ] No [ ]  If yes, please give full details: |
| Please provide a letter from your GP stating that it would be safe for you to carry another baby. |
| Are you or your family ever been known to Social Services? If yes, please give full details.  Yes [ ] No [ ]  If it was felt necessary would you give COTS permission to speak with them? Yes [ ] No [ ] n/a [ ]  *If no, you may not be able to proceed.* |

**Section 3: Employment**

|  |
| --- |
| Are you currently employed/self-employed? Yes [ ] No [ ]  If yes, how many hours a day/week do you work?  Please give brief description of your job: |
| Are you on benefits? Yes [ ] No[ ]  *Important please note expenses received could affect your benefits.*  *Please note if you are working and meet the legal requirements for maternity leave, you are legally entitled to claim paid maternity leave from your employer.* |

**Section 4: Fertility**

|  |
| --- |
| What kind of contraception do use at the moment?  *Please note that if you take the oral contraceptive pill you should stop taking about 3 months before attempting to become pregnant.*  *Please note that injected (depot) or implanted contraception can take weeks or months to get out of your system. If in any doubt, please check with GP.* |
| Do you have regular periods? |
| Have you been sterilised? Yes [ ] No [ ]  *Please note that if you have been sterilised you will only be able to do host surrogacy.* |

Please complete all parts of this form clearly in BLACK INK ONLY

|  |
| --- |
| If you are with a partner - has he had a vasectomy? Yes [ ] No [ ] |
| If the answer to the above two question is 'no' do you understand the importance of abstaining from intercourse from the time you start trying to get pregnant for the couple until you have a confirmed pregnancy? Yes [ ] No [ ] |
| Have you completed your own family? Yes [ ] No [ ] |
| Are you aware of the risks that any pregnancy/birth may affect your own fertility and could make you infertile? Yes [ ] No [ ] |
| Are you aware that in a very small percentage of cases this could include serious illness or even worse death during the pregnancy, or childbirth and sometimes after childbirth? Yes [ ] No [ ] |

**Section 5: About you being a surrogate**

|  |
| --- |
| 1. If chosen method of surrogacy is straight (Traditional TS) please give reason for choice: |
| Have you considered where the inseminations will take place? Yes [ ] No [ ] If yes, where?      *Inseminations usually take place at the home of the surrogate, but could also take place at the intended parents or somewhere neutral. IVF clinics will help with straight surrogacy referred to /UI (Intra Uterine Insemination) Additionally some clinics will prefer to undergo treatment using drugs to control your monthly cycle. Refer to HFEA guidelines.*  *It is recommended that 2-3 inseminations be done each month about 24 hours apart. This gives you the best chance of success.* |
| How many inseminations are you able to do each month?  *It is recommended that you give it at least 6 months to work - if after that time you are still not pregnant then you should discuss with couple regarding continuing or not.* |
| Would you prefer both intended parents to attend all inseminations? Yes [ ] No [ ] |
| If the IM was unavailable would you be okay for the IF to attend alone? Yes [ ] No [ ] |
| Are you prepared to make every effort to take care of your physical and emotional wellbeing whilst trying to get pregnant and during the pregnancy? This might involve diet change, taking folic acid and other vitamin supplements, stopping (or cutting down) smoking and drinking alcohol. Yes [ ] No [ ] |
| Do you agree that from the time of the results of your STI you will not expose yourself to any risks of sexually transmitted or blood-borne infections? Yes [ ] No [ ]  *This means not having tattoos, using prescribed injected drugs or taking a new sexual partner* |
| b) If chosen method is host (Gestational) please give reason for choice: |

Please complete all parts of this form clearly in BLACK INK ONLY

|  |
| --- |
| How far are you willing to travel to an IVF clinic?    *Please note that you will have to make frequent trips to the clinic for a medical, counselling, scans and embryo transfer.* |
| How will you travel to the clinic? |
| Will you have childcare throughout the arrangement? Yes [ ] No [ ] |
| If no, how will you be able to make the appointments? |
| How many cycles of IVF / embryo transfers would you be prepared to Undertake?  Are you prepared to undergo a drug induced cycle? Yes [ ] No [ ]  *Some clinics might insist on using drugs.* |
| Would you be willing to do a fresh transfer (using sperm/embryos that have not been quarantined for 6 months)? Yes [ ] No [ ] |
| Are you aware that the drugs used might have side effects? Yes [ ] No [ ] |
| Do you understand that the IVF clinic will need a referral from your GP? Yes [ ] No [ ]  *Please note that you and your partner (if you have one) will need to undergo counselling at the clinic.* |
| Are you prepared to make every effort to take care of your physical and emotional well being whilst trying to get pregnant and during the pregnancy? This might involve diet change, taking folic acid and other vitamin supplements, stopping (or cutting down) smoking and drinking alcohol. Yes [ ] No [ ] |
| Do you agree that from the time of the results of your STI you will not expose yourself to any risks of sexually transmitted or blood-borne infections? Yes [ ] No [ ]  *This means not having tattoos, using proscribed injected drugs or taking a new sexual partner.* |
| Have you ever entered into a surrogacy arrangement in the past? Yes [ ] No [ ]  If yes, please give full details: |
| Please explain why you would like to be a surrogate: |
| Are you a member of any other surrogacy organisation? Yes [ ] No [ ]  If yes, please give details: |

Please complete all parts of this form clearly in BLACK INK ONLY

|  |
| --- |
| Are you talking to any couples independently? Yes [ ] No [ ]  If yes, please give details:  *Please note that if you choose to work with a non-COTS member COTS will not be able to support you unless they join the organisation.* |

**Section 6: Information about your partner**

|  |
| --- |
| How long have you been together? |
| Are you married? Yes [ ] No [ ] |
| If yes, are you aware that your husband will be named as the birth father on the surrogate baby's birth certificate? Yes [ ] No [ ] |
| What are your partner's feelings about you wanting to be a surrogate? |
| Do you think that being a surrogate might affect your relationship? Yes [ ] No [ ] |
| If your partner has not had a vasectomy how do you think he will feel about having to abstain from sexual intercourse during the entire period that you are trying to get pregnant for the couple? |

**Section 7: Questions for your partner**

|  |
| --- |
| How do you feel about your partner becoming a surrogate? |
| How do you think it might impact on your relationship? |

Please complete all parts of this form clearly in BLACK INK ONLY

|  |
| --- |
| If your partner is doing straight surrogacy how will you feel about the inseminations? |
| If you have not had a vasectomy how will you feel about abstaining from intercourse for the length of time she is trying to get pregnant for the couple? |

**Section 8: Children, Pregnancy and Birth**

|  |  |
| --- | --- |
| Do you have children of your own? Yes [ ] No [ ] | |
| How many children do you have? | |
| Male: | Female: |
| How many surrogate births have you had? | |
| Male: | Female: |
| Please give details of deliveries: | |
| Normal: | Dates of Birth: |
| Weights: | |
| Breech: | Dates of Birth: |
| Weights: | |
| Caesarean: | Dates of Birth: |
| Weights: | |
| Were all the baby’s full term? Yes [ ] No [ ]  If no, please give details: | |
| Were all the babies healthy? Yes [ ] No [ ]  If no, please give details: | |
| Do any of your own children have any mental health issues? Autism, ADHD, Asperger's etc  Yes [ ] No [ ]  If yes, please give full details: | |
| Did you suffer any complications following any of the births? Yes [ ] No [ ]  If yes, please explain: | |
| Did you suffer from post-natal depression following any of the births? Yes [ ] No [ ]  If yes, for how long? | |
| Were you prescribed medication? Yes [ ] No [ ]  If yes, what and for how Iong? | |

Please complete all parts of this form clearly in BLACK INK ONLY

|  |
| --- |
| Did you receive counselling? Yes [ ] No [ ]  If yes how long? |
| Have you every suffered a miscarriage? Yes [ ] No [ ]  If yes, how many weeks pregnant were you? |
| Were you given a reason? Yes [ ] No [ ]  If yes, please explain |
| Did you suffer any physical or emotional complications following the miscarriage? Yes [ ] No [ ]  If yes, please explain giving any information about treatment/counselling: |
| Have you have had a termination? Yes [ ] No [ ]  If yes, please give details and dates: |
| Did you suffer any physical or emotional trauma following the termination? Yes [ ] No [ ]  If yes, please explain and include details about treatment/counselling: |
| Have you ever suffered a stillbirth Yes [ ] No [ ]  If yes, please give details: |
| Were you given a reason? Yes [ ] No [ ]  If yes, please explain: |
| Were you offered counselling? yes [ ] No [ ] |
| Have you ever had an ectopic pregnancy Yes [ ] No [ ]  If yes, please explain including when and any ensuing complications: |
| Have you ever had a multiple birth? Yes [ ] No [ ]  If yes, please give details: |
| Is there a history of multiple births in your family? Yes [ ] No [ ] |
| Do your own children live with you? Yes [ ] No [ ]  If no, please give details: |
| Have you told your children about wanting to be a surrogate mother? Yes [ ] No [ ]  If yes, what was their reaction? |

Please complete all parts of this form clearly in BLACK INK ONLY

|  |
| --- |
| If no, when will you tell them? |
| How do you think your children might cope during the arrangement? |
| How do you think your children might feel when the baby goes home with the couple? |
| Do you have any plans in place to deal with this? Yes [ ] No [ ] |

**Section 9: Support**

|  |
| --- |
| Have you told your family and friends about your decision to become a surrogate? Yes [ ] No [ ]  If yes, what was their reaction? |
| If no, when will you tell them? |
| Do you have someone able to offer both practical and emotional support? Yes [ ] No [ ]  If yes, please state who and explain the level of support: |
| If no, please explain how you will manage without support: |

**Section 10: Surrogate Pregnancy/Birth**

|  |
| --- |
| Are you prepared to undergo all scans routinely offered during pregnancy? Yes [ ] No [ ] |
| Would you be prepared to undergo diagnostic tests if requested by medical team? Yes [ ] No [ ] |
| At the couples' request would you be prepared to undergo additional scans? eg 3D or 4D?  Yes [ ] No [ ] *These are privately funded.* |
| Would you allow the couple to find out the gender of the baby? Yes [ ] No [ ] |
| Would you want the couple to attend all scan and appointments? Yes [ ] No [ ] |

Please complete all parts of this form clearly in BLACK INK ONLY

|  |
| --- |
| If the baby 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, include any religious or cultural beliefs which might affect your decision: |
| Would you be happy for the Intended Parents to be at the birth? Yes [ ] No [ ]  If no, please say why: |
| Would you want to hold or spend some time with the baby after the birth? Yes [ ] No [ ]  If yes or no to the above, please explain why and also describe how you think you might feel: |
| Would you be prepared to have a DNA test prior or after the birth to determine paternity?  Yes [ ] No [ ]  *Please note that any IPs who are concerned or has doubts about the parentage of their unborn baby are advised to undergo a DNA.* |
| If your children are the same gender, how would you feel if the baby born is of the opposite sex? |

**Section 11: Intended Parent Preferences and Expectations**

This section is to help you consider what issues are important to you when choosing a couple.

|  |
| --- |
| Would you only consider a couple living close to you? Yes [ ] No [ ]  If no, please indicate the furthest distance you would consider in terms of miles/hours: |
| If you have chosen host how far are you prepared to travel to a clinic? |
| Would you prefer a childless couple? Yes [ ] No [ ] |
| Would you prefer a couple to be? Under 35 [ ] 35-45 [ ] 45+ [ ] Don't mind [ ]  *Please note that many couples who tum to surrogacy tend to be 'older' because in the main they have spent many years undergoing tests/treatment to determine their infertility.* |
| Would you consider a couple who smoke? Yes [ ] No [ ] |
| Would you object to helping couples who are?   1. from a different ethnic background? Yes [ ] No [ ] 2. in a same sex relationship? Yes [ ] No [ ] 3. have different religious beliefs to yours? Yes [ ] No [ ] 4. have a physical disability? Yes [ ] No [ ]   If you have answered yes to any of the above please explain why: |

Please complete all parts of this form clearly in BLACK INK ONLY

|  |
| --- |
| Please describe briefly the sort of relationship you hope to have with the Intended Parents in terms of contact both during the pregnancy and following the birth: |
| Any other considerations not mentioned above? |

**Section 12: Expenses**

The intending parents will cover all reasonable expenses throughout the surrogacy arrangement. Important to keep all receipts in case requested at the time of a Parental Order.

Please be aware that COTS will have no involvement in any financial arrangement between you and your Intended Parents by way of holding monies, transferring monies or enforcing payments.

**Section 13: Consent & Legal Issues**

|  |
| --- |
| Do you agree to COTS contacting your GP, Consultant or Fertility Clinic to discuss any issue detailed on your GP report? Yes [ ] No [ ]  *Consent forms on pages 16 & 17* |
| Are you aware that if you are married your husband will be named on the Birth Certificate?  Yes [ ] No [ ] n/a [ ]  *In the above case the baby can be given the intended parents surname.* |
| If you are not married do you agree that the biological father will be named on the birth certificate? Yes [ ] No [ ] n/a [ ] |
| Do you, and your partner (if applicable) agree to the Intended Parents applying for a Parental Order when the baby is aged between 6 weeks and 6 months old? Yes [ ] No [ ] |
| Will you, and your partner (if applicable) agree to sign an Acknowledgement Form relinquishing your legal rights to the child? Yes [ ] No [ ]  *Please note a parental order is completed by the couple on a C51 form and then you, the Surrogate and your partner (if applicable) will need to complete C52 which is an Acknowledgement form.* |

**Section 14: Previous Applications**

|  |
| --- |
| Have you applied to COTS before? Yes [ ] No [ ]  If yes, when? |
| Was it under a different name? Yes [ ] No [ ]  If yes, please give name/s: |

\_

Please complete all parts of this form clearly in BLACK INK ONLY

**Section 15: Publicity**

Publicity helps to raise public awareness of surrogacy.

COTS actively seeks publicity to both raise awareness of surrogacy in a positive way and to encourage new membership.

As it is illegal to advertise for a surrogate, media coverage is often the only way to ensure new surrogates join the organisation.

Without members willing to take part in publicity there would never be enough surrogates for waiting Intended Parents.

|  |
| --- |
| Are you willing to do publicity? Yes [ ] No [ ] |

**Section 16: Criminal Convictions**

***It is COTS policy that all surrogates, and partners (if applicable) undergo a Basic Disclosure & Barring Service Check (DBS). Cost is £25.00 available on www.gov.uk website. This can be applied for after you have matched with a couple.***

|  |
| --- |
| **Surrogate:**  Have you ever been convicted of a criminal offence? Yes [ ] No [ ]  If yes, please give details of the offence and date: |
| Do you have convictions pending? Yes [ ] No [ ]  If yes, please give details: |
| Have you had a DBS check within the last 6 months? Yes [ ] No [ ]  If yes, please submit a copy with your completed application. |

|  |
| --- |
| **Partner:**  Have you ever been convicted of a criminal offence? Yes [ ] No [ ]  If yes, please give details of the offence and date: |
| Did it involve a prison sentence? Yes [ ] No [ ] n/a [ ]  If yes how long? |
| Please complete all parts of this form clearly in BLACK INK ONLY |
| Do you have convictions pending? Yes [ ] No [ ]  If yes, please give details: |
| Have you had a DBS check within the last 6 months? Yes [ ] No [ ]  If yes, please submit a copy with your completed application. |

**Section 17: Information Session**

Once your application pack has been received you will be contacted by a Support Worker to arrange your information session.

This will be via Skype.

**Section** **18: Declaration**

We the undersigned do hereby confirm that we have read and understand this form and that the information given is, to the best of our knowledge true and correct.

We understand that if we knowingly give false information our membership will be immediately revoked.

We agree not to undertake any publicity without the prior consent of COTS and any other parties involved.

We understand that COTS shall not be liable in respect of any claim from 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 COTS shall not be liable in respect of any liability arising out of the death, disease or illness of or bodily injury to any other persons or loss of or damage to property.

We agree that our profile, details (minus contact details and surname) and photographs can be seen by intended parents. We have read and agree to abide by COTS policies (see page 11)

|  |  |
| --- | --- |
| Signed - Surrogate: | Date: |
| Signed - Partner: | Date |

Please complete all parts of this form clearly in BLACK INK ONLY

**Section 19: COTS POLICIES**

All members of COTS must abide by policies and guidelines.

COTS policies and guidelines will be drawn up by COTS Executive Committee.

COTS Executive Committee reserve the right to add, change or amend policies and guidelines at any time and without prior notice.

Intended parents will be accepted up to the age of 50.

COTS recommend that all Intended Parents inform any child born through surrogacy about his/her origin.

The maximum age for a surrogate wishing to do straight surrogacy is 40 and for host it is 45. This is just a guide and at the discretion of Executive Committee, clinic or couple.

All surrogates their partners and Intended Parents must have a COTS information meeting. Child/ren born from a surrogate arrangement must be handed to the couple at birth.

All publicity must be agreed with COTS. No couple or surrogate may be indentified by the other party without their permission. All intended parents and surrogates must have medical screening in accordance with COTS guidelines.

Any person who is HIV positive or infected with Hepatitis 'B' or 'C' unfortunately we cannot accept.

Any person who tests positive for any of the following conditions: Syphilis, Chlamydia or Gonorrhoea will only be accepted after having undergone treatment and been declared infection free by a medical practitioner. COTS will require written confirmation.

Before any inseminations/transfers take place all parties must have a COTS agreement session. All intended parents and surrogates must have a basic DBS check.

Any Intended Parent not matched within two years must have up to date medical and DBS checks.

Any Intended Parent or Surrogate who wishes to undertake a second or further surrogacy must re-new their medical and DBS checks if more than 2 vears old.

|  |
| --- |
| Signature Surrogate: |
| Signature Partner (if applicable): |
| Date: |

Please complete all parts of this form clearly in BLACK INK ONLY

**Section 20: PROFILE**

|  |
| --- |
| PLEASE SUBMIT PHOTOGRAPH/S WITH APPLICATION  Please write **(clearly in black or preferably type and attach)** a short statement **(NO LONGER THAN 500 WORDS)** about you and your reasons for choosing surrogacy. Please include information about your lifestyle, work & family. |

Please complete all parts of this form clearly in BLACK INK ONLY

**CHECK LIST**

**The checklist should be submitted with your completed application, photographs and any supporting documents.**

**Your application cannot be processed until all documents have been received. However, if there's going to be a delay, send the completed pack and we can start the process.**

**Original Documents required. If you are posting, please ensure the correct postage is paid for a large letter or it will be delayed or worse still lost.**

**Please enclose a stamped addressed envelope for documents to be returned.**

|  |  |  |
| --- | --- | --- |
|  | Enclosed | To Follow |
| Application Form |  |  |
| Photographs of yourself;  can be emailed |  |  |
| Medical Report from GP |  |  |
| Invoice for GP letter  (if applicable) |  |  |
| Basic DBS (must be less than 12 months old) |  |  |

**This document is the intellectual property of COTS and any attempt to share or copy will be met with legal action.**

COTS

54, Dubbs Knoll Rd

Guilden Morden, South Cambs

SG8 OLA

Tel: 0333 772 1549

Website: [www.surrogacy.org.uk](http://www.surrogacy.org.uk)

Email: [kim@surrogacy.org.uk](mailto:kim@surrogacy.org.uk)

Chairperson & Co-Founder Kim Cotton