



Surrogacy UK

Application pack for Gold Membership: Intended Parents.

A very warm welcome to Surrogacy UK. Thank you for requesting the application pack to join the organisation as Gold Members. This pack is for heterosexual couples and there is a separate one for same-sex couples.

The questions on the forms serve several purposes.

First, we need to obtain some **basic information** about you as a couple 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.

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 these issues together, and you can discuss them further at your face-to-face Surrogacy UK Information Session.

We do ask you to fill the forms 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 there you feel there is **not enough space** to provide the answer you would like to give to a question, please just **number it** and provide your answer on a separate sheet.

The final part of the pack is a letter you should complete and give to your GP, to ask them for a medical report. Two copies are attached, and each of you should complete one.

Please return your completed forms to:

Surrogacy UK
PO Box 323
Hitchin
Hertfordshire
SG5 9AX



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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	
Distance from home to work		Distance from home to work	
Are you a British Citizen?		Are you a British Citizen?	
Ethnic Origin		Ethnic Origin	
Religion		Religion	
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 Surrogacy UK. 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

Section 3: Your family at the moment

Do either of you have children already? Yes / No
-If ‘yes’, please answer the following questions:

How many children do you have? _____

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 give details: _____

-If yes, is the health problem heritable? Yes / No

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

-If yes, please give details:



Section 4: About having children

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

-If yes, please give details:

Are you currently trying to have children by any other means, for example adoption? Yes / No

-If yes, please give details:

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

-If yes, please give details:

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

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

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

Do you both agree with the decision to use surrogacy to have children?



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

Please both describe your pastimes and interests:

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 so, how did they respond?

-If not, when will you tell them?

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

Have you told your family about your plans to have a child through surrogacy? Yes / No

-If so, how did they respond?

-If not, when will you tell them?

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



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

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?

Have you told your GP about your plans to have a child through surrogacy? Yes / No

-If so, how did he / she respond?

-If not, when will you tell them?

b) Intended Father

What is your height? _____

What is your weight? _____

Do you smoke? Yes / No

-If so, how many per day? _____

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 Surrogate Mothers 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 so, 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 so, please give details:

Do you have any chronic health problems? Yes / No

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

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

-If so, please describe in detail:

Do you take any prescribed medication? Yes / No

-If so, what is the medication?

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

Please list any illnesses that run in your family:

Please note that if you have any serious health problems now or in the past, or if there are any serious health problems that run in your family, we will need a letter from your doctor. The letter will need to outline the nature and impact of these problems, and comment on whether the conditions will affect your ability to father and raise a child.

When your Surrogate Mother becomes pregnant, 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 so, how many per day? _____

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

Many Surrogate Mothers 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 so, how many units per week? _____

Have you ever used recreational drugs? Yes / No

-If so, please give details:

Do you have any chronic health problems? Yes / No

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

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

-If so, please describe in detail:

Do you take any prescribed medication? Yes / No

-If so, what is the medication? _____

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

Please list any illnesses that run in your family:

Please note that if you have any serious health problems now or in the past, or if there are any serious health problems that run in your family, we will need a letter from your doctor. The letter will need to outline the nature and impact of these problems, and comment on whether the conditions will affect your ability to raise a child.

When your Surrogate Mother becomes pregnant, 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 so, please describe in detail: _____

Intended Mother

Do you have any criminal convictions? Yes / No

-If so, please describe in detail: _____

Section 7: Straight Surrogacy

Please complete this section only 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. In both cases we recommend asking for an additional Mixed Agglutination Reaction (MAR) test on the semen sample.



Sexual health checks:

- In all cases **both** of you will need to have full sexual health tests **prior** to membership, and **again** prior to starting inseminations
- The tests required are listed in the separate “Checklist”

Intended Father

Have you had a semen analysis? Yes / No

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

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

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

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

-If so, what was the result? Positive / Negative

Where would you hope to perform inseminations?

-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 Mother.

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

-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?

-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 plan to attend the inseminations? Yes / No
-Please note that some Surrogate Mothers would only feel comfortable carrying out an insemination if the Intended Mother accompanies the Intended Father.

Section 8: Host surrogacy

Please complete this section only 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.
- We recommend asking for an additional Mixed Agglutination Reaction (MAR) test on the semen sample

Quarantine:

- A **six month** quarantine period is usually required prior to transferring embryos to your Surrogate, although some clinics do not insist on this.
- 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"



a) Intended Father and Intended Mother

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

-If yes, which? _____

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

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

-If so, when was it frozen? _____

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

-If so, please describe the outcomes of the treatment:

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

-If yes, when were they frozen? _____

b) Intended father

Have you had a semen analysis? Yes / No

Have you had a Mixed Agglutination Reaction (MAR) test on the semen sample? Yes / No

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

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



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

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

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

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

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 Information 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 Mother's behaviour during this time.

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

- Smokes before conception Yes / No



- Smokes at all during pregnancy Yes / No
- Drinks alcohol before conception Yes / No
- Drinks alcohol at all during pregnancy Yes / No
- Is obese Yes / No
- Has strong religious convictions Yes / No
 (please bear in mind that some religious convictions may prevent a Surrogate Mother from accepting certain medical procedures, such as a Termination of Pregnancy, or a blood transfusion)
- Has not completed her family Yes / No

You can add any comments about the above questions here:

What age-range for a Surrogate Mother 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.

What is the maximum distance from your home that you would like your Surrogate 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 inseminations in straight surrogacy, and for attending antenatal scans during the pregnancy.



During the pregnancy:

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

Would you ask the Surrogate Mother 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 Mother attends? Yes / No

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

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

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

Would you be prepared to work with a Surrogate Mother 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 not, please outline any differences here.

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

Would you be happy if the Surrogate Mother 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 Mother 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 Mother 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 Mother Yes / No

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

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 SUK would not do this without contacting you first.

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

Do you accept that if the Surrogate Mother is married, her partner's name will be recorded on the birth certificate? Yes / No

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

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.

Section 13: Your Information Session

Once your application pack has been received, the next step will be your face-to-face Information Session. Please indicate which of the following locations you would prefer:

- | | |
|-----------------------|-----|
| Gloucestershire, GL18 | [] |
| Staffordshire, ST18 | [] |
| Preston, PR4 | [] |
| Northampton, NN4 | [] |
| Bristol, BS4 | [] |
| Gwynedd, LL47 | [] |
| Northumberland, NE42 | [] |

It may also be possible, at additional cost, to have the information session in your own home. Please email membership.secretary@surrogacyuk.org for further details.

Please indicate the days (Mondays to Fridays only) and the times which would be most convenient for you:



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 Surrogacy UK may be terminated with immediate effect.

We understand that we may cancel our membership following the information session if we choose to, with a refund of the membership fee minus an administration charge.

We agree that Surrogacy UK 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 Surrogacy UK 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 Surrogacy UK members. We rely solely upon enquiries we ourselves have undertaken as to the suitability, medical fitness and past character of other Surrogacy UK members we form relationships with.

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

We understand that Surrogacy UK 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 Surrogacy UK 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 Surrogacy UK or the Arrangement entered into without all parties' prior knowledge and consent.

We have read and promise to abide by the Surrogacy UK Policies.

Intended Father: Name _____
Signature _____ Date _____

Intended Mother: Name _____
Signature _____ Date _____



Checklist

- This checklist should accompany your application form and supporting documentation.
- It details the information that you will need to submit when applying for Gold Membership.
- Please note that your application cannot be processed until all the required documentation has been received.
- We require the original documents. Please enclose a stamped self-addressed envelope so that the documents can be returned to you.

	Enclosed		To follow	
Application form				
Gold Membership Fee: a cheque for £600 made out to Surrogacy UK				
Photographs of you together: ideally sent by email				
	Intended Mother		Intended Father	
	Enclosed	To follow	Enclosed	To Follow
CRB certificate				
Results of STI checks: necessary only if you are considering straight surrogacy				
Results of semen analysis: necessary only if you are considering straight surrogacy	N/A	N/A		
Medical report from your GP				



Surrogacy UK

Dear GP,

Your patient: Name _____
Date of birth _____
Address _____

has applied to join Surrogacy UK in the hope of having a child through Surrogacy.

He / she will be using host surrogacy / straight surrogacy
(Applicant to delete as applicable).

The process of going through surrogacy is challenging both mentally and physically, and the interests of the potential child are paramount. It is only suitable when all other options for having a baby have been exhausted, or pregnancy is not medically advisable for the couple.

For this reason we would like to request a report detailing any relevant medical history. This should include the medical reasons why the couple are hoping to have a child through surrogacy.

If the patient has any significant past medical history, please indicate if you feel a report from a specialist, or any further specialist assessment, may be necessary.

If you require any further information there is a 'Guide To Surrogacy For Health Professionals' available to download at www.surrogacyuk.org. Or you can contact us at membership.secretary@surrogacyuk.org.

The patient will collect the report from you, and forward it to Surrogacy UK with their application forms.

Many thanks for your help.

Surrogacy UK.

CONSENT: I, _____, give consent for my GP to complete the medical report requested above, giving full details of all information that he or she considers relevant for my application to join Surrogacy UK.

Signature: _____ Date: _____



Surrogacy UK

Dear GP,

Your patient: Name _____
Date of birth _____
Address _____

has applied to join Surrogacy UK in the hope of having a child through Surrogacy.

He/she will be using host surrogacy / straight surrogacy
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The patient will collect the report from you, and forward it to Surrogacy UK with their application forms.

Many thanks for your help.

Surrogacy UK.

CONSENT: I, _____, give consent for my GP to complete the medical report requested above, giving full details of all information that he or she considers relevant for my application to join Surrogacy UK.

Signature: _____ Date: _____