



Surrogacy UK

Please return your completed forms to:

Surrogacy UK  
PO Box 323  
Hitchin  
Hertfordshire  
SG5 9AX

## Application Pack for Membership: Surrogate Mothers.

A **very warm welcome** to Surrogacy UK. Thank you for requesting the application pack to join the organisation as **Members**. We hope this will be the start of an amazing journey for you, helping a couple realise their dreams of having a child.

The questions on the forms serve several purposes.

First, we need to obtain **basic information** about you and your family for our records. If you have a **partner or husband**, he will need to complete some sections as his views are very important as well.

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 final answers to these questions. They will be discussed with you further in your face-to-face Information Session. We include them here so you can start thinking about these issues.

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 have to cancel your membership.

The final part of the form is a letter you should complete and give to your GP, to ask them for a medical report.

If you feel there is not enough space to provide the full answer you would like to give, please just write it on a separate sheet. And if there are any parts of the form that are unclear, **please get in touch**. Jayne and Sarah are both experienced surrogate mothers and can help **you through every step of the application process**.

Jayne can be reached on **05601 491 284** or [jayne.frankland@surrogacyuk.org](mailto:jayne.frankland@surrogacyuk.org)

Sarah can be reached on **01772 462 660** or [sarah.wisniewski@surrogacyuk.org](mailto:sarah.wisniewski@surrogacyuk.org)



## Contents

Section 1: Basic Information.....	3
Section 2: About being a surrogate .....	4
Section 3: About your partner.....	5
1. Questions for you to answer about your partner.....	5
2. Questions for your partner to answer .....	6
Section 4: Your children .....	7
Section 5: Your health, lifestyle, and social support .....	8
Section 6: Your fertility history.....	12
Section 7: About your work .....	19
Section 8: Criminal convictions .....	21
a) Surrogate Mother .....	21
b) Surrogate Mother's Partner .....	21
Section 9: Straight Surrogacy.....	21
Section 10: Host surrogacy .....	22
Section 11: Expectations and preferences for your surrogacy relationship.....	24
Section 12: Expenses .....	27
Section 13: Paperwork.....	28
Section 14: Media .....	28
Section 15: Your Information Session .....	29
Section 16: Declaration .....	30
Checklist.....	31



**Section 1: Basic Information**

Surrogate Mother		Surrogate Mother's Partner – if applicable	
Name		Name	
Address			
Home Tel No			
Mobile No		Mobile No	
Email Address		Email Address	
D.O.B. – <i>please note the minimum age for membership is 23</i>		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: About being a surrogate**

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

-If yes, please give full details:

---

---

---

---

---

Why do you want to be a surrogate?

---

---

---

---

---

---

---

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

-If yes, please give details

---

---

---

*-Please note that if you start to help a couple who are not members of SUK, they will be invited to join. If they choose not to join, you will not be able to continue as a Member of SUK. We cannot support you if we are not also supporting the couple you are helping.*

---



**Section 3: About your partner**

If you are single, please go to section 4

**1. Questions for you to answer about your partner**

How long have you been together? \_\_\_\_\_

Are you married? Yes / No

-If yes, do you realise that your husband's name will be recorded on the surrogate baby's birth certificate? Yes / No

-If no, are you happy for the Intended Father's name to be recorded on the birth certificate? Yes / No

How does your partner feel about your decision to join Surrogacy UK?

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

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

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

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

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

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



**2. Questions for your partner to answer**

How do you feel about your partner becoming a surrogate?

---

---

---

---

---

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

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

---

---

---

---

---

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

---

---

---

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

---

---

---

---

What do you think your relationship to the baby will be like?

*-Please consider both host and straight surrogacy:*

---

---

---

---

---

---



**Section 4: Your children**

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

How many children do you have? \_\_\_\_\_

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

What is the gender of your children? \_\_\_\_\_

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

How do you think you may feel if the surrogate baby is a different gender from your own children?

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

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

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

Have the children had any serious health problems? Yes / No  
-If yes, please give details:

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

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

Have you told your children about your plans to be a surrogate mother?

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

-If yes, what was their reaction?

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

-If no, how are you going to approach this issue?

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



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

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

---

---

---

---

---

---

How do you think your children will feel towards the surrogate baby?

---

---

---

---

Are any of your children against your plans to be a surrogate mother?

---

---

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

Yes / No

-If yes, please give full details:

---

---

---

---

**Section 5: Your health, lifestyle, and social support**

What is your height?

---

What is your weight?

---

Have you had a serious medical conditions in the past?

Yes / No

-If so, please give full details:

---

---

---

Do you have any medical conditions at the moment?

Yes / No

-If yes, please give full details:

---

---



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

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

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

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

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

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

*-Please note that if you have replied "yes" to any of the above questions, we will need to ensure your GP report describes the impact of these conditions on your life, and states whether you are fit and healthy enough to go through a surrogate pregnancy.*

Have you had a full sexual health (STI) screening? Yes / No

-This is essential if you are considering straight surrogacy. For full details, please see the Welcome to Surrogacy for Surrogate Mothers document, available on our website. In host surrogacy, the tests will usually be arranged at the IVF clinic.

Have you had a Cystic Fibrosis (CF) screening 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 father are carriers there is a 1 in 4 chance of the child being affected. It is recommended if you are considering straight surrogacy. In host surrogacy the test can be arranged at the IVF clinic.

Do you smoke? Yes / No

-If yes, please answer the following questions:

How many cigarettes do you smoke each day? \_\_\_\_\_

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

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



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

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

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

Does your partner smoke? Yes / No

-If so, please answer the following questions:

How many cigarettes does he smoke each day? \_\_\_\_\_

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

If he continues to smoke during the pregnancy, will he take every step to protect you and the unborn child from the effects of passive smoking? Yes / No

Do you drink alcohol? Yes / No

-If so, please answer the following questions:

How many units of alcohol do you drink each day? \_\_\_\_\_

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

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

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

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

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

Have you ever taken recreational drugs? Yes / No

-If yes, please give full details:

\_\_\_\_\_

\_\_\_\_\_



Do you have any religious beliefs? Yes / No

-If so, please describe them, and influence that they have on your life:

---

---

---

-Please outline whether your beliefs affect the way you feel about medical treatment

---

---

---

Have you told your friends about your plans to be a Surrogate Mother? 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 during and after your surrogacy journey:

---

---

---

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:

---

---

---

---



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

-If so, how did he / she respond?

---

-If not, when will you tell them?

---

Please describe your pastimes and interests:

---

---

---

---

---

### **Section 6: Your fertility history**

What kind of contraception do you use at the moment?

---

---

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

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

Have you ever experienced fertility problems? Yes / No

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

---

---

---

---

---

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

**There's a full-page form for each pregnancy that you have had.** There are enough pages for 6 pregnancies here; if you need more, just print out another copy of the page, or ask us and we'll send them to you!



PREGNANCY NUMBER: _____	In which year were you pregnant? _____
Did you have any problems becoming pregnant?	Yes / No
<p>Did you have a live birth? If so, please answer the following questions:</p> <ul style="list-style-type: none"> <li>• At how many weeks did you deliver?</li> <li>• Was it a natural birth or Caesarean?</li> <li>• Were there complications for you during the pregnancy or delivery?</li> <li>• Were there complications for you after the birth?</li> <li>• Were there complications for the baby during the pregnancy or delivery?</li> <li>• Were there complications for the baby after the birth?</li> </ul>	<p>Yes / No</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Did you have a miscarriage? If so, please answer the following questions:</p> <ul style="list-style-type: none"> <li>• At how many weeks did you miscarry?</li> <li>• Were there any complications for you after the miscarriage?</li> <li>• Was a cause ever found for the miscarriage?</li> </ul>	<p>Yes / No</p> <hr/> <hr/> <hr/>
<p>Did you have a termination? If so, please answer the following questions:</p> <ul style="list-style-type: none"> <li>• At how many weeks did you have a termination?</li> <li>• Were there any physical complications for you?</li> <li>• Did you receive any counselling at the time?</li> <li>• How do you feel about the termination now?</li> </ul>	<p>Yes / No</p> <hr/> <hr/> <hr/> <hr/>



PREGNANCY NUMBER: _____	In which year were you pregnant? _____
Did you have any problems becoming pregnant?	Yes / No
Did you have a live birth? If so, please answer the following questions: <ul style="list-style-type: none"><li>• At how many weeks did you deliver?</li><li>• Was it a natural birth or Caesarean?</li><li>• Were there complications for you during the pregnancy or delivery?</li><li>• Were there complications for you after the birth?</li><li>• Were there complications for the baby during the pregnancy or delivery?</li><li>• Were there complications for the baby after the birth?</li></ul>	Yes / No  _____ _____ _____ _____ _____
Did you have a miscarriage? If so, please answer the following questions: <ul style="list-style-type: none"><li>• At how many weeks did you miscarry?</li><li>• Were there any complications for you after the miscarriage?</li><li>• Was a cause ever found for the miscarriage?</li></ul>	Yes / No  _____ _____ _____
Did you have a termination? If so, please answer the following questions: <ul style="list-style-type: none"><li>• At how many weeks did you have a termination?</li><li>• Were there any physical complications for you?</li><li>• Did you receive any counselling at the time?</li><li>• How do you feel about the termination now?</li></ul>	Yes / No  _____ _____ _____ _____



PREGNANCY NUMBER: _____	In which year were you pregnant? _____
Did you have any problems becoming pregnant?	Yes / No
Did you have a live birth? If so, please answer the following questions: <ul style="list-style-type: none"><li>• At how many weeks did you deliver?</li><li>• Was it a natural birth or Caesarean?</li><li>• Were there complications for you during the pregnancy or delivery?</li><li>• Were there complications for you after the birth?</li><li>• Were there complications for the baby during the pregnancy or delivery?</li><li>• Were there complications for the baby after the birth?</li></ul>	Yes / No  _____ _____ _____ _____ _____
Did you have a miscarriage? If so, please answer the following questions: <ul style="list-style-type: none"><li>• At how many weeks did you miscarry?</li><li>• Were there any complications for you after the miscarriage?</li><li>• Was a cause ever found for the miscarriage?</li></ul>	Yes / No  _____ _____ _____
Did you have a termination? If so, please answer the following questions: <ul style="list-style-type: none"><li>• At how many weeks did you have a termination?</li><li>• Were there any physical complications for you?</li><li>• Did you receive any counselling at the time?</li><li>• How do you feel about the termination now?</li></ul>	Yes / No  _____ _____ _____ _____



PREGNANCY NUMBER: _____	In which year were you pregnant? _____
Did you have any problems becoming pregnant?	Yes / No
Did you have a live birth? If so, please answer the following questions: <ul style="list-style-type: none"><li>• At how many weeks did you deliver?</li><li>• Was it a natural birth or Caesarean?</li><li>• Were there complications for you during the pregnancy or delivery?</li><li>• Were there complications for you after the birth?</li><li>• Were there complications for the baby during the pregnancy or delivery?</li><li>• Were there complications for the baby after the birth?</li></ul>	Yes / No  _____ _____ _____ _____ _____
Did you have a miscarriage? If so, please answer the following questions: <ul style="list-style-type: none"><li>• At how many weeks did you miscarry?</li><li>• Were there any complications for you after the miscarriage?</li><li>• Was a cause ever found for the miscarriage?</li></ul>	Yes / No  _____ _____ _____
Did you have a termination? If so, please answer the following questions: <ul style="list-style-type: none"><li>• At how many weeks did you have a termination?</li><li>• Were there any physical complications for you?</li><li>• Did you receive any counselling at the time?</li><li>• How do you feel about the termination now?</li></ul>	Yes / No  _____ _____ _____ _____



PREGNANCY NUMBER: _____	In which year were you pregnant? _____
Did you have any problems becoming pregnant?	Yes / No
Did you have a live birth? If so, please answer the following questions: <ul style="list-style-type: none"><li>• At how many weeks did you deliver?</li><li>• Was it a natural birth or Caesarean?</li><li>• Were there complications for you during the pregnancy or delivery?</li><li>• Were there complications for you after the birth?</li><li>• Were there complications for the baby during the pregnancy or delivery?</li><li>• Were there complications for the baby after the birth?</li></ul>	Yes / No  _____ _____ _____ _____ _____
Did you have a miscarriage? If so, please answer the following questions: <ul style="list-style-type: none"><li>• At how many weeks did you miscarry?</li><li>• Were there any complications for you after the miscarriage?</li><li>• Was a cause ever found for the miscarriage?</li></ul>	Yes / No  _____ _____ _____
Did you have a termination? If so, please answer the following questions: <ul style="list-style-type: none"><li>• At how many weeks did you have a termination?</li><li>• Were there any physical complications for you?</li><li>• Did you receive any counselling at the time?</li><li>• How do you feel about the termination now?</li></ul>	Yes / No  _____ _____ _____ _____



PREGNANCY NUMBER: _____	In which year were you pregnant? _____
Did you have any problems becoming pregnant?	Yes / No
Did you have a live birth? If so, please answer the following questions: <ul style="list-style-type: none"><li>• At how many weeks did you deliver?</li><li>• Was it a natural birth or Caesarean?</li><li>• Were there complications for you during the pregnancy or delivery?</li><li>• Were there complications for you after the birth?</li><li>• Were there complications for the baby during the pregnancy or delivery?</li><li>• Were there complications for the baby after the birth?</li></ul>	Yes / No  _____ _____ _____ _____ _____
Did you have a miscarriage? If so, please answer the following questions: <ul style="list-style-type: none"><li>• At how many weeks did you miscarry?</li><li>• Were there any complications for you after the miscarriage?</li><li>• Was a cause ever found for the miscarriage?</li></ul>	Yes / No  _____ _____ _____
Did you have a termination? If so, please answer the following questions: <ul style="list-style-type: none"><li>• At how many weeks did you have a termination?</li><li>• Were there any physical complications for you?</li><li>• Did you receive any counselling at the time?</li><li>• How do you feel about the termination now?</li></ul>	Yes / No  _____ _____ _____ _____



Did you have any psychological problems such as postnatal depression during or after your previous pregnancies? Yes / No

-If yes, please give full details:

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

Do you think you have completed your family now?

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

Please confirm that you understand the small risk of infertility following all pregnancies, including surrogate pregnancies, and the very small risk of serious illness and death during and after childbirth: Yes / No

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

Does your partner have an up-to-date will? Yes / No / NA

Do you have adequate life insurance? Yes / No

Does your partner have life insurance? Yes / No / NA

---

**Section 7: About your work**

Do you do paid work outside the home? Yes / No  
-If not, please go to Section 8

What are the arrangements for maternity leave and maternity pay?

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

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

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



Are there any policies for “special leave” to attend fertility clinics and antenatal appointments?

---

---

---

---

Do you plan to tell your employers about your plans to have a baby for another couple?  
-If so, how do you think they will react?

---

---

---

-If not, what are your reasons?

---

---

---

Do you plan to tell your friends at work about your plans to have a baby for another couple?  
-If so, how do you think they will react?

---

---

---

-If not, what are your reasons?

---

---

---

Would you be prepared to take on less responsibility or work fewer hours, even if this means your pay or career might suffer as a consequence?

---

---

---

---





**Section 8: Criminal convictions**

**a) Surrogate Mother**

Do you have any criminal convictions? Yes / No  
-If so, please describe in detail:

---

---

**b) Surrogate Mother's Partner**

Do you have any criminal convictions? Yes / No  
-If so, please describe in detail:

---

---

We will need a recent criminal records check before you can become a member: for details please see the Welcome to Surrogacy for Surrogate Mothers document, available on our website.

---

**Section 9: Straight Surrogacy**

Are you considering being a Surrogate Mother through Straight Surrogacy? Yes / No / Unsure

-If you are sure you would **not** consider straight surrogacy, please go to Section 10

Where do you plan to do the inseminations?

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

---

---

---

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



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 time all parties can consider the available options.

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

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

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

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

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

---

### Section 10: Host surrogacy

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

-If you are sure you would **not** consider host surrogacy, please go to Section 11

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

---

---

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



How will you travel to and from the clinic?

---

---

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

Who will look after your children while you are at clinic appointments?

---

---

Would you prefer to have medicated or natural cycles?

---

---

-Please bear in mind that some clinics are unwilling to use natural cycles, and this is usually only possible when using frozen embryos

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

---

---

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

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

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

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

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

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

---



**Section 11: Expectations and preferences for your surrogacy relationship**

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

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

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

You can add any comments about the above questions here:

---



---



---



---

Please indicate the age range for Intended Parents that you would be prepared to work with:

---



---

Surrogacy UK has a very diverse membership group. Our members vary in terms of age, cultural background, faith, sexual orientation, and physical ability. Do you think you will have any difficulties with this, and are there any members you may feel unwilling to work with?

---



---



---



---

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

---



---



---



---



---



What relationship would you like over the longer term with the child you carry for your Intended Parents?

---

---

---

---

---

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

---

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

***During and after the pregnancy:***

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

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

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

Do you intend to take every step to maximise your health, and the health of the unborn child, throughout the pregnancy? Yes / No

Do you understand that until the Parental Order is granted, you will be treated as the mother of the baby, and will be legally required to take all necessary decisions during and after the pregnancy? Yes / No

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

Please describe any circumstances in which you would be prepared to undergo invasive diagnostic tests like amniocentesis:

---

---

---

---



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

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

---

---

---

---

Would you be prepared to work with Intended Parents whose views substantially differed from your own on the above questions? Yes / No

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

---

---

---

---

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

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

-If so, do you think this will be before or after the Intended Parents? Before / After

After the birth, will you be open and honest with professional staff, friends, and neighbours about why you no longer have the baby? Yes / No

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

Is there anything else that you would like during the pregnancy and after the birth?

---

---

---

---

---



## **Section 12: Expenses**

Please confirm that you understand it is illegal to receive any payment from the Intended Parents other than reasonable expenses Yes / No

Please confirm that you understand there is no expectation within SUK that such payments would ever be expected, asked for, or offered Yes / No

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

Please confirm that you will request 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 contact Jayne or Sarah if you need any help working out your anticipated expenses. They can send you an information leaflet on the kinds of expenses that can be claimed.

---



### **Section 13: 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 you are unmarried, will you be happy for the biological father to put his name on the birth certificate? Yes / No

Do you accept that if you are married, your husband's name will be recorded on the birth certificate? Yes / No

Do you agree to the Intended Parents applying for a Parental Order when the baby is aged between 6 weeks and 6 months? Yes / No

Will you be willing to sign a Parental Order, relinquishing all legal rights to the child? 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 DNA test if the court requested it? Yes / No

---

### **Section 14: 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 15: Your Information Session

Once your application pack has been received, the next step will be your face-to-face Information Session.

We are very happy to come to your home and meet with you there. Please tick this box to arrange the session at your home:

**Home address** [  ]

However if you would prefer not to have the meeting in your home, please indicate which of the following locations you would like to come to. We will reimburse your travelling costs.

**Southampton / Bournemouth, SO41** [  ]

**Portsmouth, PO4** [  ]

**Hull and Yorkshire, HU5** [  ]

**Bristol, BS4** [  ]

**Northampton, NN4** [  ]

**Preston, PR4** [  ]

**Talsarnau, LL47** [  ]

**Lanarkshire, Scotland, ML2** [  ]

**Derbyshire, DE4** [  ]

**West Midlands, B72** [  ]

**Swansea, SA5** [  ]

**Herefordshire, HR9** [  ]

**Cambridge, CB7** [  ]

**Norwich, NR7** [  ]

If you have a partner, they should ideally be present at the Information Session as well.

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

---

---



**Section 16: Declaration**

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

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

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.

**Surrogate Mother:** Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Surrogate's Partner:** Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_



Please return your completed forms to:

Surrogacy UK  
 PO Box 323  
 Hitchin  
 Hertfordshire  
 SG5 9AX

## Checklist

- This checklist should accompany your application form and supporting documentation.
- It details the information that you will need to submit when applying for Membership.
- You can't become a Member until all the documentation is received. But if there's going to be a delay, send us your completed application pack and we can get the ball rolling.
- 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				
Photographs of yourself: ideally sent by email				
Results of STI checks: necessary only if you are considering straight surrogacy				
Medical report from your GP				
Invoice for GP letter (if applicable)				
	Surrogate Mother		Surrogate Mother's Partner	
	Enclosed	To follow	Enclosed	To Follow
Criminal Records Checks (less than 12 months old)				



**Surrogacy UK**

Dear GP,

Your patient: Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

has applied to join Surrogacy UK in the hope of becoming a Surrogate Mother.

She will be using host surrogacy / straight surrogacy  
(Surrogate Mother 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.

For this reason we would like to request a report detailing any relevant medical and  
obstetric history. Please also include details of the patient's rubella status.

If the patient has any significant past medical or obstetric 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](http://www.surrogacyuk.org). Or you can contact  
us at [membership.secretary@surrogacyuk.org](mailto: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: \_\_\_\_\_