**Application for participation in**

**the pre-adoption preparation course (phase 2)**

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| When you wish to apply for participation in the pre-adoption preparation course (phase 2), you must fill in the form below and send it to the National Social Appeals Board (Ankestyrelsen) together with a copy of the Phase 1 approval from the Agency of Family Law (Familieretshuset).  You will receive a confirmation of the course registration in your e-box (unless you are exempt from receiving digital mail) within about 1 month. You are admitted to a course when you receive a confirmation from our Adoption Secretariat.  You can send the application form and the copy of phase 1 approval in following ways:   1. Via borger.dk or your e-box - remember to attach the application form and the phase 1 approval 2. Through our "[Contact form](https://blanket.virk.dk/blanketafvikler/orbeon/fr/public_v/69_66d2a40958bdb06f5118b53d6468a578271f7274/new)" on our website [ast.dk](https://ast.dk/blanketter/kontakt-ankestyrelsen). Here you only need to fill in the first 4 or 5 informations and attach the application form and the phase 1 approval 3. By ordinary mail to Ankestyrelsen, 7998 State Service |

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| **Your personal information** | | |
| **Full name/names:** | **Phone number** | **Cpr.nr.:** |
| 1) |  |  |
| 2) |  |  |
| **Address:** | **P.O. Box** | **City** |
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| **Name of the course or special dates** | | |
| Name of the course: | Part 1: | Part 2: |
|  | | |
| *If there is no course available on our website, you may send your application anyhow, and we will try to establish one. Please write below, if you have special wishes or days you cannot attend from now on and six month ahead.* | | |
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| **Other comments** | | |
| **Do you have allergies or anything else that we need to take into account regarding meals at the course location?** *(Mark yes or no)* | **Yes** | **No** |
| If yes which one of you have allergies and what are you allergic to? | | |
| **Do you have special needs in connection with the course participation? Challenges with speaking and understanding Danish or English, any kind of visual or hearing impairment or anything else?**  *(Mark yes or no)* | **Yes** | **No** |
| If yes, indicate which one of you and what your needs are: | | |
| **Do you already have children? See more below.** | **Yes** | **No** |
| If yes: Are they biological, adopted, foster children, bonus children? (Fill in number and age)   |  |  |  | | --- | --- | --- | |  | Number | Age | | Biological |  |  | | Adopted |  |  | | Foster children |  |  | | Bonus children |  |  | |  |  |
| **Are you applying for approval as an adopter for a specific child?** *e.g. a foster child.*  *(Mark yes or no)* | **Yes** | **No** |
| **If you are a couple: Which one of you should receive a fee invoice in the e-box?**  *(type name)* |  | |

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| **Other informations about you** |
| Please inform us about special circumstances for example pregnancy, recent miscarriages, fertility treatment so the course leader can be prepared. |

August 2024