

**Details of health**

11. Are the children generally in good health and do not have any special health needs?

☐ Yes ☐ No

If No, please give details of any serious disability, chronic illness, or the care needed and how it is to be provided, in the box below.

12. Do any of the children have any special health needs?

☐ Yes ☐ No

If Yes, please give details of the care needed and how it is to be provided, in the box below.

**Details of care and other court proceedings**

13. Are the children in the care of the local authority, or under the supervision of a social worker or probation officer?

☐ Yes ☐ No

If Yes, please give details in the box below. Please include information about any current proceedings in the youth or family courts.

14. Are any of the children the subject of a Child Protection Plan?

☐ Yes ☐ No

If Yes, please give details in the box below, including the name of the local authority and the date of registration.

15. Are there, or have there been, any proceedings in any court involving the children, for example;

- a) residence or contact proceedings?
- b) care or supervision?
- c) adoption or wardship?

☐ Yes ☐ No