

Births, Deaths and Marriages

Information for Medical Practitioners and Psychologists in change of sex or gender identity applications

This information sheet is designed to assist medical practitioners or psychologists in providing a letter or report to SACAT that will assist the Tribunal in making a decision to approve the change of the gender or sex identity of a child or young person.

What does the Tribunal need from a Medical Practitioner or Psychologist with respect to change of sex or gender identity?

SACAT requires medical evidence in the form of a signed and dated letter or report. Annexed to this Fact Sheet is a template which can be used as a guide as to the appropriate content.

The letter or report must satisfy the Tribunal that the child:

1. Understands the meaning and implications of the making of the application and has the capacity to consent to the application.
2. Has undertaken at least the minimum amount of required appropriate clinical treatment in relation to their sex or gender identity being:
 - at least three separate counselling sessions aggregating 135 minutes; or
 - counselling sessions occurring over a period of at least 6 months.
3. Has the capacity to consent to the application and, if so, describe the child's position in relation to the making of the application.

Involvement of Medical Practitioner/Psychologist

In most instances if the provided medical letter or report addresses the requirements under the Act, the medical practitioner or psychologist will not be required to participate in the Tribunal proceedings, including the final hearing.

The medical or psychological evidence provided will be assessed to determine if the contents are sufficient.

If further information is required, the Tribunal will direct the applicant to ask the health professional to provide further information by a certain date.

Filing of Documents

In most instances, the Tribunal will direct the applicant to make arrangements with you and they will file the document with the Tribunal.

If you are directed by the Tribunal to file a letter or report directly, please email a signed, scanned copy to the Tribunal at sacat@sacat.sa.gov.au.

This Information sheet does not constitute legal advice and does not relate to the circumstances of any individual matter. If you wish to have legal advice you should seek that independently.

ANNEXURE 1

Medical letter template

(Practitioner name)

(Practitioner address)

(Practitioner telephone details)

(Practitioner email)

Deputy Registrar

South Australian Civil and Administrative Tribunal

Via email to: sacat@sacat.sa.gov.au

(Date)

Dear Deputy Registrar,

RE: name and date of birth of child the subject of the application (SACAT case reference number if known)

I am a (psychologist / medical practitioner) registered in Australia.

I have provided clinical treatment for (insert child's name), whose identity I have confirmed from documents provided to me.

I can confirm that (insert name) is now known as (insert name) and identifies as the sex or gender identity of (male / female / non-binary / indeterminate / intersex / unspecified).

The clinical treatment provided has consisted of at least (insert number) sessions of psychological therapy at this service. These sessions, of (insert number of minutes / hours) duration each, occurred between (insert date) and (insert date). Treatment has included (insert details such as psychoeducation about gender dysphoria, social and medical transition, paediatric referral for treatment for puberty suppression etc).

It is my opinion that (insert name) has the mental capacity to understand the meaning and implications of a gender change and that (he / she / they) (is / are) able to consent to that change. This is based on (insert reasoning).

I consider that (insert name) has received a sufficient amount of treatment to make a decision about (his / her / their) affirmed gender and that (he / she / they), in an age-appropriate manner, (is / are) supportive of the application to change (his / her / their) legally recognised sex or gender identity to that of (male / female / non-binary / indeterminate / intersex / unspecified).

(Any other relevant information).

I certify that the information provided is, to the best of my knowledge and belief, correct for the purpose of registering a change of sex or gender identity.

Kind regards

Name

Title

Provider No: