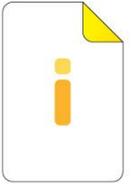


Applications under the *Births, Deaths and Marriages Registration Act – Change of Gender or Sex Identity of a child or Young Person*



Letters or Reports from a Medical Practitioner or Psychologist

Purpose of this Information Sheet

This information sheet is designed to assist medical practitioners or psychologists in providing a letter or report to the Tribunal 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 gender?

When considering applications to approve the change of the gender or sex identity of a child or young person the Tribunal requires medical evidence in the form of a signed and dated letter or report from a medical practitioner or psychologist.

The letter or report must satisfy the Tribunal that the child or young person the subject of the application:

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:
 - a. at least 3 separate counselling sessions aggregating 135 minutes; or
 - b. counselling sessions occurring over a period of at least 6-months.

The Tribunal has annexed a template document to this Information Sheet which can be used by medical practitioners/ psychologists as a guide as to the appropriate content.

SACAT Process and Involvement of Medical Practitioner/ Psychologist

In most instances if the Tribunal is provided with a medical letter or report which addresses the requirements under the Act the medical practitioner/ psychologist will have no further part in the Tribunal proceedings.

The Tribunal undertakes the following processes when determining applications of this nature:

Directions hearing

In most cases the Tribunal member who has carriage of the matter will hold an initial, brief directions hearing to ensure the Tribunal has all of the evidence that may be required at the full hearing. If the medical evidence has been filed by the time of the directions hearing the member will make an initial assessment of the sufficiency of the contents of the report. If further information is required the member will issue a direction asking for further information to be provided by a certain date.

Full hearing

In most cases the medical practitioner/ psychologist is not involved in the hearing or called to give evidence. The member will hear from the family members (usually the parents of the child or young person) and will also interview the child or young person.

In some circumstances if the medical document is sufficient and the Tribunal determines that it is not necessary or appropriate in the circumstances to interview the child the application will be determined in the absence of the parties and based on the written evidence on file.

Filing of Documents

If you are directed by the Tribunal to file the report directly with the Tribunal you can do so by emailing a signed, scanned copy to the Tribunal at sacat@sacat.sa.gov.au. If you are aware of the SACAT file reference number please quote that in the title field of the email.

Otherwise in most instances the Tribunal will direct the applicant to make arrangement directly with you and upon receipt of your report they will file the document with the Tribunal.

If you have any further questions you can telephone the Tribunal on ph: 1800 723 767 (press 4, then 4).

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.

Medical letter template

(Practitioner name)
(Practitioner address)
(Practitioner telephone details)
(Practitioner email)

Date

To the Registrar,

RE: name and date of birth of child or young person the subject of the application (SACAT case reference no 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) is 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) affirmed gender and that (he/she), in an age appropriate manner, is supportive of the application to change (his/her) legally recognised gender to that of (male/female).

(Any other information you feel is relevant)

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: