

DOCTOR OR PSYCHOLOGIST STATEMENT IN SUPPORT OF CHANGE OF SEX OR GENDER

Example statement certifying that a **child** (aged 12 to 17 years) patient has received 'appropriate clinical treatment'

Disclaimer: This document is intended to provide an example of an 'appropriate clinical treatment' statement and is not a strict template for doctors and psychologists. There is no form prescribed by the legislation for the statement. However, doctors and psychologists should endeavour to use language which is consistent with the *Births, Deaths and Marriages Registration Amendment (Sex or Gender) Changes Act 2024*.

<clinic or practice letterhead>

I <full name>, a [**doctor or psychologist**] registered in Australia, certify that <applicant's current full name> has undertaken appropriate clinical treatment in relation to their sex or gender.

I certify that <applicant's current full name> understands the meaning and implications of this application.

<applicant's current full name> identifies as <insert sex or gender> (female/male/non-binary).

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 in <applicant's current full name> registration of birth in Western Australia's Registry of Births, Deaths and Marriages.
- ☐ <applicant's current full name> obtaining an acknowledgement document from Western Australia's Registrar of Births, Deaths and Marriages, in relation to their sex or gender.

<Include any additional comments>.

This is a confidential disclosure for the exclusive use of the Western Australia's Registry of Births, Deaths and Marriages.

<signature>

<signature block>

<date>

<AHPRA registration number>