Declaration: gender change in travel document

Use **BLACK PEN** and print within the boxes in BLOCK LETTERS

Use **CROSSES** in boxes marked with an '**X**' ☒

This form must be completed by a registered medical practitioner or psychologist and submitted with an Australian travel document application where required.

It is an offence under the *Australian Passports Act 2005* to deliberately make a false or misleading statement.

1. DETAILS OF APPLICANT

Applicant's full name

Applicant's current address *(including city/town, state/province and country)*

2. GENDER TO APPEAR IN THE TRAVEL DOCUMENT

☐ Male (M) ☐ Female (F) ☐ Intersex/Indeterminate/Unspecified (X)

3. MEDICAL PRACTITIONER DETAILS

Medical practitioner's full name

Address of practice, phone number and email details

Registration number from the Medical Board of Australia, Psychology Board of Australia (or equivalent authority)

Practitioner's MED Number

4. STATEMENT BY MEDICAL PRACTITIONER REGARDING APPLICANT

Complete the statement and strike through information which is not relevant.

I am the doctor of the applicant named in Section 1 with whom *(select most appropriate statement)*

☐ I have a clinician/patient relationship and whom I have treated, or

☐ I have a clinician/patient relationship and whose history I have reviewed and evaluated.

Select the most appropriate statement to support the applicant's gender change

☐ receiving/received appropriate clinical treatment for transition to _____ *(specify gender)*, or

☐ is unable to participate in a treatment regime, is transgender and identifies as _____ *(specify gender)*, or

☐ is intersex or of indeterminate sex.

5. DECLARATION BY THE MEDICAL PRACTITIONER OR PSYCHOLOGIST

I declare the information I have given on this form is complete and correct and that I am aware that the penalty under the *Australian Passports Act 2005* for making a false or misleading statement, either written or oral, to obtain an Australian travel document is up to 10 years imprisonment or a fine of 1000 penalty units or both.

Signature

Date signed DD / MM / YYYY