



Complete this form on screen and print it or print the form and fill it in by hand.

If filling the form in by hand **Use BLACK PEN** and print within the boxes in **BLOCK LETTERS**

Use 'X' to mark boxes with your answer ☐

This form must be completed by a registered medical practitioner or psychologist and submitted with an Australian travel document application where required. For more information, visit www.passports.gov.au/change-name-or-gender or contact us on 131 232.

1. Applicant's Details

Application number

Applicant's full name

Current address
(suburb, town, city,
postcode 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

Practitioner's MED number

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

4. Medical practitioner's statement

Mark one check box to complete the following statement.

I am the doctor of the applicant named in Section 1 with whom:

☐ I have a clinician/patient relationship and whom I have treated.

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

Mark one check box that best supports the applicant's gender change.

☐ Receiving/received appropriate clinical treatment for transition to (specify gender).

☐ Is unable to participate in a treatment regime, is transgender and identifies as (specify gender).

☐ Is intersex or of indeterminate sex.



5. Medical practitioner's declaration

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

This form must be physically signed using a dark pen. A digital or electronic signature won't be accepted.

Signature

Date signed

DD / MM / YYYY