# Appendix A – Statement from a Registered Medical Practitioner or Registered Psychologist template

This sample text is for a statement from a Registered Medical Practitioner or Registered Psychologist (General registration) certifying the sex and/or gender of a person who is intersex, transgender or gender diverse.

### 1. For people who are transitioning genders:

This statement should be used for applicants who have had, or are receiving, appropriate clinical treatment (including but not limited to hormone therapy or sex reassignment surgery) for gender transition and are seeking to update their personal record with their preferred gender of MALE or FEMALE.

## Registered Medical Practitioner/Psychologist letterhead (including full name and contact details)

I, <medical practitioner/psychologist's full name> have a clinician/patient relationship with, and have treated, <name of patient> (OR have a clinician/patient relationship with <name of patient> and have reviewed and evaluated their history).

<Name of patient> has had, or is receiving, appropriate clinical treatment for gender transition to the new gender of (specify new gender male or female).

Signature of Medical Practitioner / Psychologist Signature block of Medical Practitioner / Psychologist

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

### 2. For people who are intersex/indeterminate/unspecified

This statement should be used for applicants who are intersex or gender diverse.

# Registered Medical Practitioner / Psychologist letterhead (including full name and contact details)

I, I, <medical practitioner/psychologist's full name> have a clinician/patient relationship with, and have treated, <name of patient> (OR have a clinician/patient relationship with <name of patient> and have reviewed and evaluated their history.).

<Name of patient> is of <indeterminate/intersex/unspecified> sex and lives in the gender of (specify gender male or female).

### OR

 $<\!\!Name\ of\ patient>\ is\ of\ <\!\!indeterminate/intersex/unspecified>\ sex\ and\ lives\ in\ an\ <\!\!indeterminate/intersex/unspecified>\ gender.$ 

Signature of Medical Practitioner / Psychologist
Signature block of Medical Practitioner / Psychologist

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