

General Treatment Plan – Application Form



ACT
Government

ACT Health

Name of applicant

Position

Qualifications

Note that only those with relevant qualifications/positions may apply for a General Treatment Plan. Please refer to the [Variation in Sex Characteristics \(Restricted Medical Treatment\) Declared Person Declaration 2023 \(No.1\)](#) for who may apply for a General Treatment Plan.

Additional documents can be provided for each question below. Use the associated guide for assistance when completing this form.

Part 1. Details of the class of people

Please describe the class of prescribed people to which the proposed General Treatment Plan relates.

Documents are attached and labelled as attachment A

- Yes
 N/A

Part 2. Details of the harm to be addressed by treatment

What, if any, significant harm would the group be at risk of if the proposed treatment or an alternative treatment option were not undertaken?

Please limit this to significant physical or psychological harms, or risks of harm, that are not related to reducing discrimination or stigmatisation or a perceived risk of discrimination or stigmatisation by performing the proposed treatment.

Documents are attached and labelled as attachment B

Yes

N/A

Part 3. Past medical history

Please outline the proposed treatment plan. Ensure you detail the following:

- » The nature of the proposed treatment or procedure.
- » How does the proposed treatment vary the class of prescribed people's sex characteristics, and what will be the permanent effect of the treatment? Note: only treatments which permanently alter a person's sex characteristics (or alter in such a way as reversal requires further procedures or treatment), and vaginal dilation require a treatment plan.
- » How does the proposed treatment address the primary harm described in Part 2, and how likely is the treatment to address this harm?
- » Describe any associated harms – physical and psychological – that the group would be at risk of if the proposed treatment were undertaken.

Documents are attached and labelled as attachment C

Yes

N/A

Part 4. Proposed alternative treatments

1. What alternative treatment options been considered? Please describe these. These may include treatment deferral, medical and non-medical interventions and temporary measures. You may attach further documentation, if required.

2. How does each alternative option identified above address the primary harm described in section 4, and how well or how likely is the treatment to effectively address that harm?

3. With respect to each alternative option identified above, describe any associated harms – physical and psychological – the group would be reasonably likely to suffer, if the alternative options were undertaken.

Documents are attached and labelled as attachment D

- Yes
 N/A

Part 5. Relative efficacy

Please consider how effective the proposed treatment and each of the alternative treatment options are at reducing harm and provide a comparison of how effective each of those treatments are at minimising the overall harm (including addressing the primary harm, and any associated harms) to the class of prescribed people.

Documents are attached and labelled as attachment E

- Yes
 N/A

Part 6. Restrictiveness of the treatment options

What are the implications of the proposed treatment for what decisions can be made in future by the class of prescribed people or their decision makers in relation to their sex characteristics? How does this compare to the alternative treatments?

Documents are attached and labelled as attachment F

- Yes
 N/A

Checklist of optional attachments

- Attachment A – Prescribed people
- Attachment B – Harms
- Attachment C – Proposed treatments
- Attachment D – Proposed alternatives
- Attachment E – Relative efficacy of treatment
- Attachment F – Restrictiveness of treatment