

Individual treatment plan application form – child



ACT
Government

ACT Health

Part 1. Details of applicant and child

Details of child	
Last name	
All other names	
Date of birth	
Details of applicant	
Last name	
All other names	
Relationship to child	<input type="checkbox"/> Decision-maker (parent) <input type="checkbox"/> Health practitioner for the child
Role/qualifications if applicable	
Address	
Email	
Phone number	

Details of a relevant health practitioner for the child (if different from above)	
Name	
Address	
Email	
Phone number	

The treating health practitioner may be contacted by the assessment committee if it requires further information. You will be informed if this occurs.

Part 1. Details of applicant and child (continued)

Details of each decision-maker for the child.

Note – *the Variations in Sex Characteristics (Restricted Medical Treatment) Act 2023* defines 'decision-maker' to mean:

- (a) For a child – a person who has parental responsibility for the child under the *Children and Young People Act 2008*, division 1.3.2.
- (b) For an adult under guardianship – please instead complete the form 'individual treatment plan application form – adults under guardianship'.

Decision-maker 1	
Last name	
All other names	
Is this person also the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, also provide contact details)
Address	
Email	
Phone number	

Decision-maker 2 (if applicable)	
Last name	
All other names	
Address	
Email	
Phone number	

List the names and contact details of all other decision-makers for the child (if any)

Part 2. Competency/capacity

Please note, if a child has been assessed as having decision-making capacity to consent to the treatment then they are not a child without decision making capacity, and it is not necessary to apply for an individual treatment plan.

For a treatment plan for a child – what steps have been taken in assessing that the child does not have decision-making capacity in relation to the proposed treatment? Please outline these steps, taking into consideration the child’s cognitive ability. You may attach further documents, if required.

Documents are attached and labelled as attachment A

- Yes
 N/A

Part 3. Past medical history

Please provide a summary of any previous medical treatments, including any restricted medical treatments, that the person has received in relation to their variation in sex characteristics. You may attach further documents, if required.

Documents are attached and labelled as attachment B

- Yes
 N/A

Part 4. Details of the harm to be addressed by treatment

What, if any, significant harm would the child 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. You may attach further documents, if required.

Documents are attached and labelled as attachment C

- Yes
 N/A

Part 5. The proposed treatment

Outline the proposed treatment plan, ensuring you detail the following:

- » The nature of the proposed treatment or procedure.
- » How does the proposed treatment vary the child'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 4, and how likely is the treatment to address this harm?
- » Describe any associated harms – physical and psychological – that the child would be at risk of if the proposed treatment were undertaken.

Documents are attached and labelled as attachment D

- Yes
 N/A

Part 6. 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 documents, 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 child would be reasonably likely to suffer, if the alternative options were undertaken.

Documents are attached and labelled as attachment E

- Yes
 N/A

Part 7. Relative efficacy

Please consider how each of the proposed treatment and the alternative treatment options 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 child.

You may attach further documents, if required.

Documents are attached and labelled as attachment F

- Yes
 N/A

Part 8. Restrictiveness of the treatment options

What are the implications of the proposed treatment for what decisions can be made in future by the child or their decision makers in relation to their sex characteristics? How does this compare to the alternative treatments, particularly equally effective ones?

Documents are attached and labelled as attachment G

- Yes
 N/A

Part 9. Provision of information

1. Has information, as appropriate to the child's cognitive ability, been provided to the child with respect to:
 - » The implications of the treatment.
 - » Likelihood of future treatment, both required and available.
 - » Alternative medical and non-medical treatment options, including psychosocial supports.
 - » Risks and benefits of deferring or not undertaking the treatment proposed.

If the child is too young, or other unable to be provided information effectively, outline this instead.

Please outline the below:

Information provided	Examples
Implications of treatment	
Likelihood of future treatments	
Alternative options, including psychosocial supports	
Risks and benefits of deferral	

Part 9. Provision of information (continued)

2. What supports were provided to the child to help them understand this information? If the child is too young, or other unable to be supported to understand this information, outline this instead.

3. Have all the decision-makers also been given the above information in an appropriate manner? Please describe how this was done.

Documents are attached and labelled as attachment H

- Yes
- N/A

Part 10. Wishes of the child

1. Has the child been supported to communicate their wishes in relation to the treatment and/or their variation in sex characteristics freely, if applicable? How was this done? This would not be applicable if the child is too young or otherwise cannot express wishes.

2. What were the opinions express by the child (if any) in relation to:
 - » Their variation in sex characteristics including the primary harm.
 - » The proposed treatment including any associated harms of the proposed treatment.
 - » Any alternative treatments and any related associated harms.

3. How have these wishes (if any) been considered?

Documents are attached and labelled as attachment I

- Yes
 N/A

Checklist of optional attachments

- Attachment A – Competency assessment
- Attachment B – Patient medical history
- Attachment C – Harms
- Attachment D – Treatment plan
- Attachment E – Treatment alternatives
- Attachment F – Relative efficacy of treatment
- Attachment G – Restrictiveness of treatment
- Attachment H – Provision of information
- Attachment I – Wishes of the child