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GENDER REASSIGNMENT ACT 2000

**GENDER REASSIGNMENT
REGULATIONS 2001**

Gender Reassignment Regulations 2001

r. 1

Gender Reassignment Act 2000

Gender Reassignment Regulations 2001

Made by the Governor in Executive Council.

1. Citation

These regulations may be cited as the *Gender Reassignment Regulations 2001*.

2. Commencement

These regulations come into operation on the day on which the *Gender Reassignment Act 2000* comes into operation.

3. Corresponding laws

The *Sexual Reassignment Act 1988* of South Australia, as amended from time to time, is declared to be a corresponding law.

4. Applications for recognition certificates

(1) An application for a recognition certificate is —

- (a) to be in the form set out in Form 1 in Schedule 1, or Form 2 of that Schedule if the application relates to a child; and
- (b) to be accompanied by —
 - (i) a fee of \$40, unless subregulation (2) applies;
 - (ii) a statement signed by a medical practitioner that the applicant, or the child the application relates to, has undergone the reassignment procedure;

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- (iii) any documents relating to where the reassignment procedure was carried out;
 - (iv) the original, or a certified copy of the birth certificate of the applicant, or the child the application relates to;
 - (v) the original, or certified copies, of any documents showing proof of residency and length of residency of the applicant, or the child the application relates to;
 - (vi) if the applicant so wishes, any relevant information regarding the adoption of the lifestyle of a person of the gender to which the applicant, or the child the application relates to, has been reassigned; and
 - (vii) a statement from any person who has provided counselling in relation to the gender identity of the applicant, or the child the application relates to, signed by that person.
- (2) If the Board considers that it is appropriate to do so in relation to a particular application, the Board may waive the fee referred to in subregulation (1)(b)(i).
- (3) The Board, or the executive officer referred to in section 11 of the Act, may, by written notice, require an applicant to give to the Board or the executive officer any additional information necessary for a proper consideration of the application.

5. Recognition certificate

A recognition certificate is to be in a form approved by the Board.

6. Fee to accompany application under section 17 for registration of a certificate

The fee to accompany an application under section 17(3) of the Act is \$30.

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7. Board to advise Registrar

The Board is to advise the Registrar referred to in section 5 of the *Births, Deaths and Marriages Registration Act 1998* in writing of a decision by the Supreme Court under section 19 or 21 of the Act to cancel a recognition certificate.

8. President has casting vote

If the votes cast on a question by the Board are equally divided, the president has a casting vote on the question.

Schedule 1 — Forms

[r. 4]

Form 1

APPLICATION FOR RECOGNITION CERTIFICATE FOR AN ADULT

IMPORTANT NOTICE

Information provided in this application will be treated CONFIDENTIALLY

Personal details of applicant

Full name	
Address	
Date of birth	
Place of birth	
Full names of applicant's parents	

Reassignment procedure

<p>I have undergone a reassignment procedure from —</p> <p>(a) male to female</p> <p>(b) female to male</p>	<p>[]</p> <p>[]</p> <p><i>Tick the appropriate box and attach a statement signed by a medical practitioner that the person has undergone the reassignment procedure.</i></p>
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Compliance with section 15 of the *Gender Reassignment Act 2000*

<p>The reassignment procedure was carried out in this State.</p>	<p>[]</p>
<p>My birth was registered in this State.</p>	<p>[]</p>
<p>I am a resident of this State and have been a resident of this State for not</p>	<p>[]</p>

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Forms Schedule 1

<p>less than 12 months.</p> <p>I believe that my true gender is the gender to which I have been reassigned, as specified in this form</p> <p>I have adopted the lifestyle and have the gender characteristics of a person of the gender to which I have been reassigned, as specified in this form</p> <p>I have received counselling in relation to my gender identity.</p> <p>I am married</p> <p>I am not married</p>	<p><i>Tick the appropriate box or boxes and attach a certified copy of your birth certificate and any other relevant documents, such as —</i></p> <p><i>(i) documents relating to where the reassignment procedure was carried out;</i></p> <p><i>(ii) the original, or certified copies, of any documents showing proof of residency and length of residency.</i></p> <p>[]</p> <p><i>Tick box if correct.</i></p> <p>[]</p> <p><i>Tick box if correct.</i></p> <p><i>You may wish to attach any information you consider relevant.</i></p> <p>[]</p> <p><i>Tick box if correct.</i></p> <p><i>Please specify details of counselling and attach a statement from the person who provided the counselling.</i></p> <p>[]</p> <p>[]</p> <p><i>Tick the appropriate box.</i></p> <p><i>A recognition certificate cannot be issued to a person who is married.</i></p>
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Gender Reassignment Regulations 2001**Schedule 1** Forms***Hearing of application***

I wish to attend the hearing of this application.	[]
I do not wish to attend the hearing of this application.	[]
I wish to appear at the hearing of this application and to make submissions to the Board.	[]
<i>Tick the appropriate box or boxes.</i>	

Declaration by applicant

<p>I declare that to the best of my knowledge no statement made in this application is false, or misleading in any material respect.</p> <p>Signature</p> <p>Date</p> <p>Name of person signing</p> <p>NOTE:</p> <p>Section 23 of the <i>Gender Reassignment Act 2000</i> provides that it is an offence for a person to make a statement knowing it to be false or misleading in a material respect for the purposes of, or in connection with, an application.</p> <p>Penalty: \$2 000 or imprisonment for 6 months.</p>

Gender Reassignment Regulations 2001Forms **Schedule 1****Form 2****APPLICATION FOR RECOGNITION CERTIFICATE FOR
A CHILD****IMPORTANT NOTICE**

Information provided in this application will be treated CONFIDENTIALLY

Personal details of the child the application relates to

Full name of child	
Address of child	
Date of birth	
Place of birth	
Full names of child's parents	

Personal details of the person making the application

(Name of person making the application)	
Address of person making the application	
Relationship of person to the child	<i>This application must be made by the child's guardian.</i>

Gender Reassignment Regulations 2001**Schedule 1** Forms**Reassignment procedure**

<p>The child this application relates to has undergone a reassignment procedure from —</p> <p>(a) male to female</p> <p>(b) female to male</p>	<p>[]</p> <p>[]</p> <p><i>Tick the appropriate box and attach a statement signed by a medical practitioner that the child has undergone the reassignment procedure.</i></p>
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Compliance with section 15 of the Gender Reassignment Act 2000

<p>The reassignment procedure was carried out in this State.</p>	<p>[]</p>
<p>The child's birth was registered in this State.</p>	<p>[]</p>
<p>The child is a resident of this State and has been a resident of this State for not less than 12 months.</p>	<p>[]</p> <p><i>Tick the appropriate box or boxes and attach a certified copy of the child's birth certificate and any other relevant documents, such as —</i></p> <p>(i) <i>documents relating to where the reassignment procedure was carried out;</i></p> <p>(ii) <i>the original, or certified copies, of any documents showing proof of residency and length of residency.</i></p>
<p>These are the reasons that I believe that it is in the best interests of the child that a recognition certificate is issued in respect of the child.</p>	
<p>The child is married</p>	<p>[]</p>
<p>The child is not married</p>	<p>[]</p>

Gender Reassignment Regulations 2001Forms **Schedule 1**

	<i>Tick the appropriate box. A recognition certificate cannot be issued to a person who is married</i>
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Hearing of application

I wish to, or the child wishes to, attend the hearing of this application.	[]
I wish to, or the child wishes to, hearing of this application.	[]
I wish to, or the child wishes to, appear at the hearing of this application and to make submissions to the Board.	[]

Tick the appropriate box or boxes.

Declaration by applicant

<p>I declare that to the best of my knowledge no statement made in this application is false, or misleading in any material respect.</p> <p>Signature</p> <p>Date</p> <p>Name of person signing</p> <p>NOTE:</p> <p>Section 23 of the <i>Gender Reassignment Act 2000</i> provides that it is an offence for a person to make a statement knowing it to be false or misleading in a material respect for the purposes of, or in connection with, an application.</p> <p>Penalty: \$2 000 or imprisonment for 6 months.</p>

By Command of the Governor,

M. C. WAUCHOPE, Clerk of the Executive Council.

