

For office use only	
Case number:	
Date:	
Registry:	
Sent to:	

Application for consent to sterilisation of child with impairment

Refer to the attached instructions prior to filling out this form

Part A		APPLICANT (the person completing the form)	
Name			
Title	Given name/s	Surname/Family name	
Full postal address _____			
Suburb	State/Territory		Postcode
Email			
Telephone			
Mobile phone		Daytime phone	
What is your relationship to the child?			
WHAT YOU NEED TO KNOW			
<ul style="list-style-type: none">• you must attach a report by the doctor who is treating the child.• the Tribunal will appoint a separate representative for the child.• you are expected to attend the hearing.• you are expected to bear your own costs in attending the hearing, including any costs of telephone calls.• you may seek to withdraw this application in writing (stating your reasons) but the Tribunal may not approve the withdrawal.			

Part B

CHILD

Name

Title *Given name/s* *Middle name/s* *Surname/Family name*

Gender Male Female

Date of birth / /
Date *Month* *Year*

What is the child's cultural background

Is the child of Aboriginal or Torres Strait Islander origin?

No Yes, Torres Strait Islander
Yes, Aboriginal Yes, both Aboriginal and Torres Strait Islander

Name of the adult to whom correspondence for the child should be addressed?

Residential address of the child

Full address _____

Suburb State/Territory Postcode

Email

Telephone
Mobile phone *Daytime phone*

Postal address (if different from above)

Full postal address _____

Suburb State/Territory Postcode

1. Child's impairment

What is the cause of the child's impairment?

intellectual disability (a condition that has affected the child since birth or early childhood)

acquired brain injury or cognitive disability (as a result of accident, illness or other causes)

other

Please provide a detailed description of the child's impairment below:

Does the child's impairment result in a substantial reduction of the child's capacity for communication, social interaction and learning?

Yes – please provide details below

No

Is the child's impairment permanent or likely to be permanent and there is a reasonable likelihood, when the child turns 18, the child will have impaired capacity for consenting to sterilisation?

Yes – please provide details below

No

How does the child communicate their needs, views, wishes and preferences? Please note the child's views and wishes may be expressed orally, in writing or in another way including, for example, by conduct?

uses speech with gestures

uses Makaton or other non-verbal communication systems (e.g. facilitated, board or book)

uses gestures to communicate

looks and gazes only

other - please specify

Has the child's impairment reduced their capacity for communication, social interaction and learning?
Yes – please provide details below
No

2. Assistance at the Tribunal hearing

How will the child participate in the hearing?
In person By telephone Other (please specify below)

Will anyone be accompanying the child to the hearing?
Yes - contact details must be provided below if different from the Applicant.
No

Name

Title *Given name/s* *Surname/Family name*

Full postal address _____

Suburb State/Territory Postcode

Email

Telephone
Mobile phone *Daytime phone*

Relationship to the child

Will the child require an interpreter at the hearing?
Yes - please specify language or Auslan:
No

Does the child have any of the following needs?

wheelchair/mobility access

speech impairment

hearing impairment/loss

vision impairment/loss

other

If you have ticked any of these boxes, please provide details below:

Part C

PROPOSED STERILISATION

1. When and where is the proposed procedure to be carried out?

(Please provide details as the Tribunal needs this information so that an appropriate time for a hearing can be arranged)

Date *(when the proposed procedure is to be carried out):*

 / /

Date Month Year

Place *(hospital/medical centre where the proposed procedure is to be carried out):*

If urgent action is required, please provide an explanation of the urgency:

Part C

PROPOSED STERILISATION *(continued)*

2. Who will carry out the procedure?

Name

Title

Given name/s

Surname/Family name

Full postal address _____

Suburb

State/Territory

Postcode

Email

Telephone

Mobile phone

Daytime phone

Professional qualification:

3. Can the sterilisation be reasonably postponed?

Yes

No - please explain why not:

4. Is the sterilisation in the child's best interests?

One or more of the following must apply:

The sterilisation is medically necessary;

The child is, or is likely to be, sexually active and there is no method of contraception that could reasonably be expected to be successfully applied;

If the child is female – the child has problems with menstruation and cessation of menstruation by sterilisation is the only practicable way of overcoming the problems.

AND the following must apply:

The child's impairment results in a substantial reduction of the child's capacity for communication, social interaction and learning; and

The child's impairment is, or is likely to be, permanent and there is a reasonable likelihood that they will have impaired capacity for consenting to sterilisation when they reach 18 years of age; and

The sterilisation cannot reasonably be postponed; and

The sterilisation is otherwise in the child's best interests.

Please provide details about the nature and extent of short-term or long-term significant risks associated with the proposed sterilisation and available alternative forms of health care:

Please provide details of any alternative forms of health care that have been proven to be inadequate in relation to the child:

Please provide details of any alternative forms of health care that are available or likely to become available in the foreseeable future:

5. Child's understanding of the procedure

Has the child been informed about this application?

Yes - please explain how the child responded

No - please explain why the child has not been informed

Have you informed the child about the procedure?

Yes - please explain how the child responded

No - please explain why the child has not been informed

Has the child expressed any views, wishes and preferences in relation to the procedure?

Yes - please explain what they expressed

No - please explain why not

Does the Applicant believe the child objects to the procedure?

Yes - please explain why

No - please explain why not

Part D

TREATING HEALTH PROVIDERS

Please provide the names and contact details for any health providers who are treating or have treated the child.

Name

Title

Given name/s

Surname/Family name

Full postal address _____

Suburb

State/Territory

Postcode

Email

Telephone

Mobile phone

Daytime phone

Professional qualification:

Name

Title

Given name/s

Surname/Family name

Full postal address _____

Suburb

State/Territory

Postcode

Email

Telephone

Mobile phone

Daytime phone

Professional qualification:

Name

Title

Given name/s

Surname/Family name

Full postal address _____

Suburb

State/Territory

Postcode

Email

Telephone

Mobile phone

Daytime phone

Professional qualification:

Part E

VIEWS OF OTHERS

If the applicant is not the sole parent, guardian or primary carer of the child, please list all known parents, guardians or primary carers of the child.

Name

Title

Given name/s

Surname/Family name

Full postal address _____

Suburb

State/Territory

Postcode

Email

Telephone

Mobile phone

Daytime phone

Relationship to the child

TICK ONE BOX:

I have spoken to this person and they agree with this application.

I believe they will agree to this application but I have not been able to speak with them.

I have spoken to this person and they do not agree with this application.

I believe they will not agree to this application but I have not been able to speak to them.

Name

Title

Given name/s

Surname/Family name

Full postal address _____

Suburb

State/Territory

Postcode

Email

Telephone

Mobile phone

Daytime phone

Relationship to the child

TICK ONE BOX:

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I have spoken to this person and they do not agree with this application.

I believe they will not agree to this application but I have not been able to speak to them.

Part E

VIEWS OF OTHERS (continued)

Name

Title

Given name/s

Surname/Family name

Full postal address _____

Suburb

State/Territory

Postcode

Email

Telephone

Mobile phone

Daytime phone

Relationship to the child

TICK ONE BOX:

I have spoken to this person and they agree with this application.

I believe they will agree to this application but I have not been able to speak with them.

I have spoken to this person and they do not agree with this application.

I believe they will not agree to this application but I have not been able to speak to them.

Name

Title

Given name/s

Surname/Family name

Full postal address _____

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Relationship to the child

TICK ONE BOX:

I have spoken to this person and they agree with this application.

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I have spoken to this person and they do not agree with this application.

I believe they will not agree to this application but I have not been able to speak to them.

CHECKLIST

All questions on the application have been completed according to the instructions.

I have attached all relevant documents.

I am ready to proceed with this application.

WARNING

Section 216 of the *Queensland Civil and Administrative Tribunal Act 2009* makes it an offence for a person to knowingly give the registry documents containing false or misleading information. Maximum penalty for such an offence – 100 penalty units.

Sign and date here

I confirm that I completed this form from my own knowledge, except in respect of sections
(insert relevant section numbers)

for which the person mentioned in Part F was the source of the information.
(only sign once the entire document is completed)

Sign here

Date

Print your name here

Part F SOURCE OF INFORMATION

Name

Title

Given name/s

Surname/Family name

Full postal address _____

Suburb

State/Territory

Postcode

Email

Telephone

Mobile phone

Daytime phone

Lodgement Details

Deliver to:

Queensland Civil and Administrative Tribunal
Floor 11, 259 Queen Street
Brisbane Qld 4000
OR at any local Magistrates Court

Mail to:

Queensland Civil and Administrative Tribunal
GPO Box 1639
Brisbane Qld 4001

Email to:

enquiries@qcat.qld.gov.au

INSTRUCTIONS FOR COMPLETING FORM 63

Application for consent to sterilisation of child with impairment

Use this form if you wish to obtain consent for a child with an impairment to be sterilised.

Only QCAT or the Supreme Court can give consent for these procedures – a parent, guardian or carer cannot.

This form is **not to be used to obtain consent to special health care for adults**.

Sterilisation

A procedure is sterilisation, if the child is, or is reasonably likely to be, fertile and the procedure is intended to, or is reasonably likely to, make the child permanently infertile.

Sterilisation does not include health care without which an organic malfunction or disease of the child is likely to cause serious or irreversible damage to the child's physical health. For example, if the treatment is primarily to treat cancer of the reproductive system then the procedure is not a sterilisation.

The Tribunal may only consent to sterilisation of a child with an impairment when the sterilisation is in the best interests of the child. If the Tribunal consents to the sterilisation, the sterilisation is not unlawful.

In addition to the application form and attached reports, the Tribunal may make directions for the provision of further information including other reports by health professionals to ensure that it has all relevant information and material necessary to hear and determine the application.

Child representative must be appointed

The Tribunal must appoint a lawyer to separately represent the child before the Tribunal. They must act in the child's best interests, have regard to any expressed views or wishes of the child and to the greatest extent possible, present the child's views and wishes to the tribunal.

To ensure the child representative has all the information necessary to act in the child's best interests, the tribunal may order a person, for example, a parent or a doctor who is treating or has treated the child, to give the child representative information about the child.

How to complete this form

You must:

- Complete all questions on the form.
- Attach a report by the child's treating doctor.
- Attach copies of any other relevant documents, for example, any other reports about the child's impairment.

Any report of the child's treating doctor must address:

- The child's impairment and the impact of the impairment on the child's capacity for communication, social interaction and learning; and
- The proposed sterilisation, including:
 - o The reason for the proposed sterilisation, including information about why the proposed sterilisation would, in the doctor's view, be in the child's best interests;

- o Whether the child is or is reasonably likely to be fertile;
- o The type of proposed sterilisation and a description of the procedure;
- o When and where the proposed sterilisation would be carried out;
- o Why the sterilisation can not be reasonably postponed;
- o Any alternative forms of health care that have proven to be inadequate in relation to the child;
- o Alternative forms of health care that are available, or likely to become available in the foreseeable future;
- o Any risks to the child if the proposed sterilisation is carried out;
- o Any risks to the child if the proposed sterilisation is not carried out;
- o The likely long-term social and psychological effects of sterilisation on the child;
- o Whether the child's impairment is, or is likely to be, permanent.

Part A: APPLICANT'S DETAILS

The applicant must provide their name and contact details and explain their relationship to the child.

Part B: PERSON THIS APPLICATION IS ABOUT

The Tribunal will refer to this person as 'the child'.

The Tribunal may only consent to sterilisation of a child with an impairment when the sterilisation is in the best interests of the child.

Please provide a detailed description of the child's impairment, how they communicate and how the child's impairment affects their capacity for communication, social interaction and learning.

Note: you must submit with this application, a report by the child's treating doctor (see above).

The Tribunal must take into account the views and wishes of the child in a way that has regard to the child's age and impairment. Please outline the child's views, wishes and preferences, if known.

Assistance at the Tribunal hearing

The Tribunal encourages the child to participate in the hearing in an appropriate way. Please provide as much information as possible regarding the ability of the child to participate in the hearing and the appropriate supports that may be necessary for the child to participate appropriately.

A separate representative will be appointed for the child.

Part C: PROPOSED STERILISATION

Please outline the proposed procedure including the date, time and place of the intended procedure. Describe the procedure and tell us who intends to perform the procedure.

If urgent action is required, please provide reasons for the urgency.

Outline why the proposed sterilisation is in the best interests of the child.

The Tribunal may only consent to sterilisation of a child with an impairment when the sterilisation is in the best interests of the child. Sterilisation is in the child's best interests only if:

- One or more of the following applies:
 - o The sterilisation is medically necessary;
 - o The child is, or is likely to be, sexually active and there is no method of contraception that could reasonably be expected to be successfully applied;
 - o If the child is female – the child has problems with menstruation and cessation of menstruation by sterilisation is the only practicable way of overcoming the problems; and

- The child's impairment results in a substantial reduction of the child's capacity for communication, social interaction and learning; and
- The child's impairment is, or is likely to be, permanent and there is a reasonable likelihood that they will have impaired capacity for consenting to sterilisation when they reach 18 years of age; and
- The sterilisation cannot reasonably be postponed; and
- The sterilisation is otherwise in the child's best interests.

Amongst other things, the Tribunal must also take into account the well-being of the child, alternative health care available and risks to the child.

Part D: HEALTH PROVIDERS

The Tribunal must take into account the information given by any health provider who is treating or has treated the child. Please provide details of any such health providers.

Part E: VIEWS OF OTHERS

List all known parents, guardians or primary carers of the child. The Tribunal must take into account the views of the child's parents, guardians or primary carers, to the greatest extent practicable.

Part F: SOURCE OF INFORMATION

Please provide the details of any person, other than the applicant, who completed sections of the form, as well as identifying the particular sections or parts of the form completed by them.

Confidentiality

The principles of natural justice and procedural fairness require that the active parties to a proceeding be given the opportunity to respond to, and make submissions about, any document or other information before the Tribunal that the Tribunal considers to be credible, relevant and significant to an issue in the proceeding. Active parties are entitled to inspect such documents and information before the Tribunal subject to the terms of any confidentiality order made by the Tribunal.

A confidentiality order may only be made if the Tribunal is satisfied that such an order is necessary to avoid serious harm or injustice to a person.

Each of the following persons is an active party to an application for consent to sterilisation of a child with impairment:

- the child;
- the applicant;
- any parent or guardian of the child;
- if a parent or guardian of the child is not the primary carer of the child, the primary carer of the child;
- a doctor who is treating the child;
- the child representative for the child; and
- a person joined as a party to the proceeding by the Tribunal.

Checklist

Go through the checklist to ensure you have complied with all of the requirements for the application you are making including the completion of all necessary parts of the application form and the provision of copies of all other relevant documents.

Can I withdraw the application?

You can apply to the Tribunal for leave to withdraw the application by making an application under [Form 58 – Application for leave to withdraw an application or referral / Notice of withdrawal of application or referral](#).

Information about applying to the Tribunal for leave to withdraw your application is available at qcat.qld.gov.au or by calling the QCAT registry on 1300 753 228.

NOTE: The Tribunal may not approve the withdrawal.

Protecting your privacy

We collect your contact details to ensure QCAT proceedings comply with the *Queensland Civil and Administrative Tribunal Act 2009*. We may contact you to help evaluate QCAT operations. You do not have to participate in feedback or surveys. If you do participate, no identifying information will be published. We will not disclose your contact details or any other personal information to a third party unless required by law.