

Through Project 491 AusPATH wishes to support trans and gender diverse young people under the age of 18 who have lost access to gender-affirming care due to recent changes in the Queensland public health system.

Please complete all relevant sections and provide supporting documentation where required. All information provided is confidential and will be reviewed by a panel of experienced AusPATH healthcare professionals appointed by the Board of AusPATH for the purposes of making recommendations to AusPATH in relation to the application of funds to support applicants.

There are 3 sections on this form. Your treating doctor will need to complete Section 3 of this form. If you need help filling in other sections of the form, please ask your doctor or someone you trust.

AusPATH is collecting the personal and health information you supply in and with this application form for the purposes of assessing your application for access to the Project 491 Financial Hardship Fund. If you do not provide all of the requested information, AusPATH may not be able to properly assess your application and you may be unsuccessful in your application. If you are successful in your application, AusPATH may use and disclose your personal information to your treating team and pharmacy to pay invoices for your treatment. The AusPATH privacy policy contains information about how you may access your personal information, seek correction of such information, make a complaint about our handling of your information, and how we will manage such a complaint.

## Section 1 Applicant Details (guardian of young person requiring care)

Relationship to young person (guardian of young person requiring care)

Phone Number

Email

Street Address

Street Address Line 2

City

State

PO Box

**Section 2: Young Person's Information**

Preferred full name

Date of Birth

Has the young person been seen by the Queensland Children's Gender Service?

☐

Yes

☐

No

Date of last appointment

Name of usual doctor (e.g., your GP)

☐

I Don't Have a usual doctor

Street Address

Street Address Line 2

City

State

PO Box

**Section 3: Treating Doctor Information**

To be completed by the treating doctor

Doctor's name

Medical registration number

Clinic/practice name

Phone Number

Email

# Project 491 Application Form

### Tell us what assistance your require

To help this application please attach any relevant medical information that you think is important for Project 491 assessors to know

How long do you think financial assistance will be required?

## Is the young person Gillick Competent?

Yes

No

This patient is currently experiencing financial hardship which is a barrier to them accessing gender affirming care AND, either:

This patient is currently receiving multidisciplinary care as per the Australian standards of care and treatment guidelines for transgender and gender diverse children and adolescents.

OR

This application is to secure funding to support this patient to access multidisciplinary care.

### Treating doctor's signature

## Today's Date

## Section 4: Guardian/carer acknowledgement and consent

By completing this application, I confirm that I understand the purpose of Project 491. I acknowledge that funds allocated by AusPATH to Project 491 are applied by AusPATH for the purpose of covering an applicant's gender-affirming medical care costs only, such as puberty blockers, and will be disbursed to my pharmacy or doctor on receipt of invoices for that purpose.

I understand that AusPATH will not offer financial assistance support as part of Project 491 without the involvement of the treating doctor, or another doctor agreed by AusPATH if you change doctor.

I understand that the information provided in this application will be reviewed by members of the Project 491 committee appointed by the Board of AusPATH for the purpose of assessing eligibility for financial assistance and making recommendations to AusPATH in relation to the application of funds and that all information will remain confidential.

I understand that there is no guarantee of funding from AusPATH or that any granted funding will cover all costs of treatment, even if I have the support of my treating doctor. AusPATH maintains absolute discretion in allocating funds as part of Project 491.

I understand that a grant of funding does not commit AusPATH to any further or ongoing funding of treatment.

Guardian name (parent/court ordered guardian)

Signature

Today's Date

Please email a copy of the completed form to [info@auspath.org.au](mailto:info@auspath.org.au). Please include any information given to you by your treating doctor. The 491 committee will attempt to process your application as soon as we have all relevant information