Western Australian government state crest logo

Form APP05

Update details

Change of name, sex, gender

Last updated July 2023

This form is used to advise the Working with Children (WWC) Screening Unit of a change to your name, sex and/or gender and request a new WWC Card under exceptional circumstances. Refer to [Factsheet APP02: Change in particulars, updating of details](https://www.wa.gov.au/government/document-collections/working-children-check-resources-and-guides) for more information.

Please complete this form and return it with the relevant certified supporting documentation to the WWC Screening Unit, PO Box 8553, PERTH BC WA 6849 or email to [checkquery@communities.wa.gov.au](mailto:checkquery@communities.wa.gov.au). For information about certification requirements, please refer to [Factsheet APP09: Authorised referees and document certification](https://www.wa.gov.au/government/document-collections/working-children-check-resources-and-guides-factsheets-and-other-resources).

If you require assistance translating or interpreting the information in this form, please call the Translating and Interpreting Service (TIS National) on 131 450.

**Personal details**

For verification purposes only.

|  |  |
| --- | --- |
| Current WWC Card / Notice number |  |
| Family name (as shown on card) |  |
| Given name (as shown on card) |  |
| Date of birth |  |
| Sex/Gender | ☐ Male  ☐ Female  ☐ X (indeterminate/intersex/unspecified) |

**Contact details**

|  |  |  |  |
| --- | --- | --- | --- |
| Contact phone number |  | | |
| Email |  | | |
| Postal address |  | | |
| Suburb / town |  | | |
| State / territory |  | Post code |  |
| Country |  | | |

**Exceptional circumstances**

|  |
| --- |
| Select the circumstance that applies.  If no circumstance applies, this form is not applicable for you. |
| ☐ Change of name due to family and domestic violence |
| ☐ Change of photo and/or name to reflect changes to identity, such as gender |

**Details to be updated**

|  |  |
| --- | --- |
| Change to:  Select all that apply and only make changes to the sections where the details have changed. | |
| ☐ Change of name | Complete section A |
| ☐ Change of sex/gender | Complete section B |
| ☐ Change of photo | Please email a digital copy of the new photo to [checkquery@communities.wa.gov.au](mailto:checkquery@communities.wa.gov.au) |

**Section A -** **Change of name**

|  |  |
| --- | --- |
| Title |  |
| New family name |  |
| New given name/s |  |
| Supporting documentation  (select one) | ☐ An Australian state or territory change of name certificate.  ☐ A document from a state or territory Registrar of Births, Deaths and Marriages recognising a change of name. |

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**Section B - Change of sex/gender**

|  |  |
| --- | --- |
| Current Sex/gender | ☐ Male  ☐ Female  ☐ X (indeterminate/intersex/unspecified) |
| Supporting documentation  (select one) | ☐ A statement from a Registered Medical Practitioner or Registered Psychologist which specifies gender.  ☐ A valid Australian Government travel document, such as a valid passport which specifies gender.  ☐ An Australian state or territory birth certificate, which specifies gender.  ☐ A document from an Australian state or territory Registrar of Births, Deaths and Marriages recognising a change of sex and/or gender. |

**Declaration (mandatory)**

|  |  |
| --- | --- |
| I certify that the information I have provided on this form is true and correct.  I am aware that it is an offence to give false or misleading information on this form. | |
| Name |  |
| Signature |  |
| Date |  |

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