

When to use this form



This form is to be completed by a medical practitioner.

The information requested in this form will help Services Australia make a Change of Assessment decision under the *Child Support (Assessment) Act 1989*.

Providing information to us on this form is voluntary. However, our customers are required to provide relevant evidence to substantiate their claims made in a Change of Assessment application or response.

Important information

The information contained in this form must be given to the other party if it is going to be considered as part of the Change of Assessment application. Before submitting this information, talk to us if you have any concerns.

Personal information is protected by law and can only be given to someone else in special circumstances, where Commonwealth or other legislation allows, or where the person gives their permission.

Online services



You can access your Child Support online account through myGov. myGov is a secure way to access a range of government services online with one username and password. You can create a myGov account at **my.gov.au** and link it to your Child Support online account.

Filling in this form

You can complete this form on your computer, print and sign it.

If you have a printed form:

Step 1 Use black or blue pen.

Print in BLOCK LETTERS.

Where you see a box like this **Go to 1** skip to the question number shown.

Step 2 Sign and date the Declaration on page 3.

Step 3 Return this form. If this form is not signed, is incomplete or missing information, it could result in delays, or it may be returned to you.

For more information



Go to **servicesaustralia.gov.au/childsupport** or call us on **131 272**.

We can translate documents you need for this assessment for free.

To speak to us in your language, call **131 450**.

Call charges may apply.



If you have a hearing or speech impairment, you can contact the **TTY service** on Freecall™ **1800 810 586**. A TTY phone is required to use this service.

Privacy notice

9 You need to read this

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We need to collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicessaustralia.gov.au/privacy

Declaration

10 I declare that:

- I have examined the above named patient.
- the information I have provided in this form is complete and correct.

I certify that:

- the patient is unfit for work for the reasons listed above.
- the patient was/is unfit for work for the period stated at question 5.

I understand that:

- Child Support can make relevant enquiries to make sure I receive the correct entitlement.
- giving false or misleading information is a serious offence.

Your full name

Practice address

Postcode

Practice phone number

Your signature



Date

Returning this form

Return this form and a copy of any supporting documents:

- **online** – sign in to your Child Support online account or Express Plus Child Support mobile app and upload by selecting Upload documents.
- by fax to: **1300 309 949**
- by post to: Services Australia
Child Support
GPO Box 9815
MELBOURNE VIC 3001

You should keep a copy of this form for your records.