



Queensland Government

**Healthy Hearing Program
Gām**

Facility:

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

A. Kuēny de Piṅ

Aca deetic naadē ke mīth ē ke piac dhiēeth alēu bī kē naṅ kuēny de piṅ bī nyuwoth men lēu bī meth naṅ miṅ.

B. Nōṅ gēer de kā rac?

Aca deetic naadē acin kā rec nyic keek de tētōṅ cī meth yōṅ nē ye kueer ē yic, ku:

- Anōṅ kueer koor tō naadē ke kuēny alēu bī nyuwoth naadē acin miṅ ke nōṅ tē lēu bī ē miṅ tōu.
- Meth aṅot ke bī miṅ yōk nē piṅ yic aalē. Ye kēnē athiekic tēnē koc ke mīth bī ṅot ē ke ltuēṅ nē biōök de piṅ ē mīthken.

Aca deetic naadē ke yen cīi gām gēem tēnē menhdiē bī naṅ kuēny de piṅ, miṅ aci lēu bī yōk agut cī thaar cī lō. Yōk de aye lueel naadē ke menhdiē alēu bī yiknhail de thok cuotciēn.

C. Gām de koc ke mīth wēlē/ka reec den

Aca gam naadē:

- Aca kueen wēlē/ka cī lēk yēen yen athōr de thura – “Kuēny de piṅ ē menhdu”, ku ka cī lēk yēen nē Ajuēer ē Piṅ cinic Tuaeany de Queensland
(Rinke raan lui akim)
- Aca lēu ba thiēc/thualat thiēc ku jat kake riōōc de kueer de luōci ku kā rēcke nhial. Thuaaldiē ku kā riāac yen ke keek aaci keek jaam yiic ku lueel/jop keek cī piōndiē thok.
- Aca deetic naadē tē cinē ye nyuwoth naadē ke meth akōr thēm dēt, koc nyic pial apieth cit men de GP, Akim ē Pial de Meth, Akim de Mīth, Atēn ē Piṅ, Raan ye Kāke Kuōony ē Baai looi ku Koc Lui nē Ajuēer de Piṅ cinic Tuaeany yic alēu bī keek lēk nē kā cī ben bei ku yen lēu bī cōol nē raan lui thiāak kenē Ajuēer ē Piṅ cinic Tuaeany.

Aca deetic ēya naadē:

- Kā cī ben bei nē kuēny yic abi keek dōm nē kē de tōōy yic ye kuēny de cōk de mīth kōr thēm wēlē/ka dōc dēt ya kuōony. Kē de Tooc ee biōök de Ajuēer ē Piṅ cinic Tuaeany puōl.
- Wēl tōu tēnē kē de Tooc alēu bī keek luōōi nē kē kōr yic ku rin acī bī keek luōōi nē gēer de kē lueel wēlē/ka wēl bī guōtbei.
- Na cī cēeth de Akim nyuwoth naadē ke methdiē acīi kuany ē kaa bī keek tuōc tēnē Atēn ē Piṅ bī keek lō caath nē kē cī yōk lō.

Nē kē de ye wēl cī lueel nhial tui:

- Kuēny Aca gam tēnē menhdiē bī luōi kuēny de piṅ.
 AKĒC GAM tēnē menhdiē bī luōi kuēny de piṅ.
 Kā cīi tōu nē kuēny da akim yic Aca gam tēnē menhdiē bī tuōc tēnē Atēn ē Piṅ, ke cīn kuēny
 AKĒC GAM tēnē menhdiē bī tuōc tēnē Atēn ē Piṅ, ke cīn kuēny

Rin ke raan de meth (yin thiēcku ba guōtbei):

Thāny:

Pēei nīn:

D. Hospital staff statement

- I have explained to the parent the procedure and the risks.
- I have given the parent an opportunity to ask questions about any of the above matters and raise any other concerns which I have answered as fully as possible. I am of the opinion that the parent understood the above information.

Staff member name (please print):

Signature:

Date:

Interpreter / cultural needs

- Is an Interpreter Service required? Yes No
 If yes, is a qualified Interpreter present? Yes No
 Is a Cultural Support Person present? Yes No

I have given a translation in of the consent form and any verbal and written information given to the parent by the hospital staff member.

Interpreter name (please print):

Signature:

Date:

DO NOT WRITE IN THIS BINDING MARGIN

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