



Queensland
Government

**HEALTHY HEARING PROGRAM
WARAGAŃ DE KĚ CIĚ GAM**

Facility/Service:

(affix Baby's patient identification label here)

URN:

Family Name:

Given Names:

Date of Birth: / / 20 Sex: M F

Mother's details (or affix her patient identification label here)

URN:

Family Name:

Given Names:

Date of Birth: / / 20

A. CĀĀR ĒĒYĪC

Aca deet lan yenē mīth puɔc dhiēth caar yīth bē nyic lan puɔth piŋ den, ka rɛɛc.

B. NŃŃ KĚ RĚEC BI WĀL THIN?

A ca det lan cīn en kē nyic bē meth yōk nē luoi kān yic, ku:

- ka lēu rot Bīi cāārē yīc bē nyuɔɔth lan cīnē meth mīiŋ, ku meth a lēu bē nŃŃ mīiŋ.
- meth alēu bī mīiŋ yōk tē le yen dīt. Kān athiekic tēnŃŃ kɔc nŃŃ mīth bīk piŋ de mīth ya biɔɔk akōlriēc agut te le kek dīt.

Aca det lan na cāā gam ba menhdiē rāth (lɛɛr) nē cāārē yīcic, ke mīiŋ acē dac nyic arē bī lɔ nyic ke meth cī dīt. Ku na cɔk jal la nyic ke meth cī dīt ke jam bī meth dac jam ēka gāū.

C. GĀM KA JAI Ē WUN KA MAN METH

Aaya Gam:

- Lan cān waragaŋ de kābīnyic kuen, ka ci tēēt yic ŷen – “ Cāār cīerē manhdiē yīc tē cīn guruc tāāu piny”, Ku (rinke ran lui Pan Akim) acē luoi ēē pial de piŋ ē menhdu de Queensland teetic tēnŃŃ ŷen.
- ŷen aci thiēc ku luɛɛl kā dak ŷa puɔu nē tē yenē cāār ē yīc luoi thīn. Kā ca ke thiēc, ku kā dak ŷa puɔu aaci ke bēēr (dhuknhiim) ke dhie aba puɔu miɛt.
- Aca deet nē ŷān yee cāār ēyīc de manhdiē ke ye nyuɔɔth lan na nŃŃ kē gōōr cāār dē, ke kɔc ke luoi tē de pialēguɔp cīt diktordiē, ku kɔc ke pialēguɔp de mīth, ku dīktor de mīth, ku jɔl ya kɔc ke luoi tē de pial de piŋ ēē mīth, abē lēk thok. Ku ŷan lēu bē ŷa cɔɔl nē ran luoi ke luoi de piŋ nē pialēguɔp.

Aagam / Aca deetic aya:

- Kā cīē yōōk nē cāār ēē yīcic kaa bē gāt piny nē bukic, buŋ ye kɔc kuɔny nēkuēnyde cōk de cāār ēyīc ēnŃŃ mīth thīi kōk kɔɔr cāār dē ka tōōk. Ēēbuŋ kān ee kɔc ke pialē piŋ kony ēya nē tiŋ de luoi de cāār ēēyīc.
- Kācī ke gāt piny aabī kɔc ēēgōt ya kuɔny nē luoi dēn de gēt de kāŋ, ku rin ke mīth aci bē ya nyuɔth athōōryīc ka nē kācī gōt yīc. Rin abē ya nyaai thīn.

Acān nē kēde kek kā cī ke gat piny tueeŋ ētēn:

- Aca gam bē manhdiē bē caar yīc bē piŋ de nyic.
- Akēc gam bē manhdiē bē caar yīc bē piŋ de nyic.

Rin ke wun ka man ēmeth: Thānydu: Nīn ke pɛɛi ku ruɔɔn:

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.

Name of staff member: 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.

Name of interpreter: Signature: Date:

DO NOT WRITE IN THIS BINDING MARGIN