Consent Form: in Somali

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Wax ka weydiinta xuquuqda qoritaanka: Ip_officer@health.qld.gov.au
La xiriir: Healthy_Hearing@health.qld.gov.au

Queensland Government

**Healthy Hearing Program**

# Ka raalinoqashada

Facility: ................................................

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

BABY'S LABEL

URN:

Family name:

Given name(s):

Address:

Date of birth:

MOTHER'S LABEL

## A. Baarista maqalka

Waan fahmay dhamaan carruurta dhalatay in lagu sameeyo baarista maqalka si loo hubiyo haddii ilmuhu qabo dhibaatada maqalka.

## B. Wax khatara ahi ma jiraan?

Waan fahmay in aanay jirin khatar la ogyahay oo dhaawac ee ilmaha ah lana xiriira hawshaan, laakiin:

- Waxaa jirta fursad aad u yar in baarista maqalku muujiso in aanu jirin lumitaanka iyada oo laga yaabo in uu jiro lumitaan maqal.
- Ilmuhu weli wuxuu yeellan karaa lumitaanka maqalka noloshiisa dambe. Sidaas darteed muhiim bay u tahay waalidiinta inay sii wadaan la socodka maqalka ilmahooda.

Waan fahmay haddii aanan bixin ogolaansho ilmahayga lagu baaro maqalkiisa, lumitaanka maqalka waxaa laga yaabaa in aan la ogaan ilaa muddo dambe. In mar dambe la ogaado macneheedu waxa weeye ilmahaygu wuxuu yeellan karaa daahida horumarka luqada.

## C. Raali ka noqoshada waalidka ama diidmada

***Waxaan aqoonsanahay in:***

- Aan akhriyey ama waa la ii sharxay qoraalka – "Baarista ilmahaaga yar maqalkiisa", waana la ii sharxay Barnaamijka Maqalka Bedqaba ee Queensland. ................................................ (aw xubinta shaqaalaha isbitaalka)
- Waan awooday in aan su'aallo weydiiyo dareena muujiyo wixii ku saabsan qaabka iyo khatarihiisa. Su'aallahayga iyo dareenkayga waxaa looga hadlay loogana jawaabay si I qancisay.
- Waan fahmay halka lagu muujiyey in ilmahaygu u baahan yahay baaritaan siyaada ah, aqoonyahana caafimaad sida dhakhtarkayga guud, kalkaalisada caafimaadka, dhakhtarka carruurta, dhakhtarka maqalka, Fududay-yaha Kaalmada Qoyska iyo shaqaalaha barnaamijka Dhegaysiga Caafimaadka qaba ayaa laga yaabaa in loo sheego natiijooyinka waxaana laga yaabaa inay ila soo xiriiraan shaqaalaha macaamilka la leh Barnaamijka Dhegaysiga Caafimaadka qaba.

***Waxaan kaloo fahmay:***

- In natiijooyinka baaritaanka la diiwaangelinayo kaas oo caawimi doona dib ula socodka carruurta u baahan baaris siyaada ah ama daaweyn. Sidoo kale xogururintu waxay ogolaataa la socodka Barnaamijka Dhegaysiga Caafimaadka qaba.
- Macluumaadka xogururinta ka timid ayaa laga yaabaa in loo isticmaalo ujeedo cilmi baariseed laakiin magacyada looma isticmaali karo wax warbixin ah ama macluumaad la daabacay.
- Haddii qiimaynta daawadu muujiso in ilmahayga aan la baarin ka dib waxaa loo gudbin doonaa qaybta dhegaha wixii ah qiimaynta natiijada.

***Iyada oo ku salaysan qoraalada kore:***

Baaritaanka
- ☐ Waxaan ogolahay in ilmahayga maqalkiisa la baaro
- ☐ MA AAN ogoli in ilmahayga maqalkiisa la baaro.

Ka-beriyeelida rugta-caafimaadka baaritaan
- ☐ Waxaan ogolahay in ilmahayga loo xawilo
- ☐ Dhakhtarka baarista maqalka (Audiology), baaritaan la'aan.

| Magaca waalidka (fadlan daabac): | Saxiixa: | Taariikhda: |
|---|---|---|
| | | |

## 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

v6.00 - 04/2019

Mat. No.: 10188212

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HEALTHY HEARING PROGRAM - KA RAALINOQOSHADA