



Queensland Government

**Healthy Hearing Program  
 Consent**

Facility: .....

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

**A. O le siaki o le Faalogo**

Ua ou malamalama o pepe faatoa fananau mai e tatau ona fai le siaki ole faalogo e vaai ai pe o i ai se faaletonu o le faalogo o le pepe

**B. E iai ni tulaga lamatia?**

Ou te malamalama e leai se tulaga lamatia o le lavea o le pepe i le togafitiga lea ae peitai:

- E itiiti lava se avanoa i tei ua le faaalua mai i le suesuega fa'alogo, ae e fai ifo e I ai lava se faaletonu o le faalogo.
- E mafai lava ona tupu a'e le tamaititi ma le faaletonu o le faalogo mulimuli ane i lo latou ola. E taua ai lava i matua ona maita'ituina le faalogo a le pepe.

Ua ou malamalama afai e le avatuina lo'u maliega e fai le suesuega o le faalogo mo la'u tama, e mafai ona toe maua ane mulimuli I lona tuputupu ae, o loo iai se faalavalave i le faalogo ma aafia ai le tautala o la'u tama.

**C. Maliega pe teena e matua**

**Ou te faailoa atu e:**

- Ua uma ona ou faitauina poo ua uma ona faamatala ia te a'u ile polosia "O le suesuega o le faalogo o le pepe" ma faamatalaina ia te a'u o le 'Queensland Healthy Hearing Program' ..... 'Polokalame o le Faalogo Soifua Maloloina a Kuiniselani' (Igoa ole aufaigaluega i le falemai)
- Na mafai ona ou fesili ma sii atu o'u popolega i tualumaga ma tulaga lamatia. O a'u fesili ma popolega lea ua uma ona talanoaina ma ua malie foi lou loto I tali ua aumai.
- Ou te malamalama pe afai e toe manaomia e la'u tama nisi suesuega, o tagata tomai faapitoa o le soifua maloloina, e I ai la u Fomai masani; o Tamaitai fomai pasi o tamaiti, o Fomai o tamaiti, o Fomai tomai o le faalogo, o le Tagata tomai o le vaauga o aiga ma le aufaigaluega o le Health Hearing Program, o I latou ia e mafai ona faailoaina I ai faaiuga, ma e mafai foi ona faafesootai au e le aufaigaluega o le Healthy Hearing Program.

**Ou te malamalama foi:**

- O faai'uga o nei suesuega e faamaumauina lea i le uto o faamatalaga, e fesoasoani i pepe o loo manaomia nisi suesuega ma ni togafitiga. O le uto o faamatalaga lava lea e mafai ona faamau faagasolo le polokalame a le Polokalame o le Healthy Hearing.
- O faamatalaga mai le utofaamatalaga ia e mafai ona faaogaina mo suesuega atili ae e le mafai ona faaogaina igoa i ni lipoti poo ni faamatalaga faalaua'itele.
- Afai e iloa ifo e le o tatau ona fai nei suesuega e la'u tama, ona faasino lea i le Audiologist(Tagata tomai o le faalogo) e fai le siaki ma se iloiloiga atili

**I luga o faamatalaga tusitusia ia e I luga:**

PUEINA  Ou te malie e fai le suesuega o le faalogo o la'u pepe.

Ou te le malie I ai e fai le suesuega o le faalogo o la'u pepe.

O le faateaga o le Pueina  Ou te malie e ave la'u pepe i le Audiology, Fomai o le Faalogo ae le pueina.

Ou te le malie e ave la'u pepe i le Audiology, e leai foi se pueina.

Igoa o le matua (Tusi i mataitusi)

Saini:

Aso:

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**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:

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**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:

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DO NOT WRITE IN THIS BINDING MARGIN

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