Consumer application to review: Translated Consent form and patient information for Queensland Health’s Informed Consent Program

Closing date: 9am, Thursday 21 October 2021

Queensland Department of Health: Informed Consent

[**Clinical Excellence Queensland**](https://clinicalexcellence.qld.gov.au/about-us)**’s Informed Consent Program is seeking eleven (11) consumers from linguistically diverse backgrounds to proofread informed consent forms that have recently been translated into 11 languages.**

Purpose

Nine informed consent forms have been translated into 11 languages and require proofreading to ensure accuracy of the translation and understanding of the translated documents.

Role of the consumer

The successful consumers will receive draft translated consent forms and patient information sheets, and the original English version to compare with. They will read these and identify:

* if difficult words/concepts are explained clearly
* if the text has been written in a way that most adults could understand
* if the text has been translated correctly

Who is it for?

This opportunity would suit consumers who have a linguistically diverse background and are native speakers and writers of one or more of the following 11 languages:

1. Simplified Chinese
2. Traditional Chinese
3. Vietnamese
4. Spanish
5. Italian
6. Korean
7. Hindi
8. Punjabi
9. Tagalog (Filipino)
10. Japanese
11. Samoan

Each of the following consent forms have been translated into the 11 languages:

1. Generic Consent – Adult
2. Generic Consent – Child/young person
3. Additional Student Consent – Adult
4. Additional Student Consent – Child/young person
5. Contrast enema
6. CT Scan
7. Ultrasound
8. Obstetric Ultrasound
9. Transvaginal Ultrasound

You do not need to have personal experience with these forms or procedures.

Time and location

No meeting attendance required at this stage. If meetings are required these will be conducted via Microsoft Teams or Zoom. It is anticipated that the review of a suite of forms in a language i.e. 9 forms, may take approximately 6 hours, however, this is dependent on previous knowledge of informed consent forms.

Remuneration and Support

Consumers will be remunerated for their time in line with [Health Consumers Queensland’s remuneration position statement](http://www.hcq.org.au/wp-content/uploads/2015/12/Consumer-Remuneration-Rates-Dec-2015.pdf) for review of patient information.

($40 per hour for six hours)

How to apply

**Please complete this consumer application form and return to**[**consumer@hcq.org.au**](mailto:consumer@hcq.org.au)by **Thursday 21 October 2021.**

For assistance please contact Health Consumers Queensland via [consumer@hcq.org.au](mailto:consumer@hcq.org.au) or by phone on 07 3012 9090.

**Consumer Application Form**

**Consumer application to review: Translated Consent form and patient information**

Full name:

Preferred phone number:

Email:

Postal address:

Postcode:

Language spoken/read: \*please tick all that apply

* Simplified Chinese
* Traditional Chinese
* Vietnamese
* Spanish
* Italian
* Korean
* Hindi
* Punjabi
* Tagalog (Filipino)
* Japanese
* Samoan
* By completing this application, I consent for my details to be added to the Health Consumers Queensland network database YES | NO
* I would like to receive email updates from Health Consumers Queensland YES | NO
* Are you happy for Health Consumers Queensland to share this form with Queensland Health as part of the process for this application? YES | NO

Please highlight any group you identify as being a part of:

* Living with a disability/chronic condition
* Caring for someone with a disability
* Physically isolated or transport disadvantaged
* Culturally or linguistically diverse
* From a non-English speaking background
* LGBTIQ+

Do you identify as: Aboriginal | Torres Strait Islander | Both | Prefer not to state

Are you a: Consumer | Carer

Age range: 16-24 25-29 30-39 40-49 50-59 60-69 70+

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Gender:** |  Male | Female | Intersex | Other | Prefer not to state |

Please describe any support you need to take part in this activity *(examples include support person, hearing loop, dietary requirements)*

* + - 1. Please describe your experience (if any) reviewing documents