

## Interpreter/translator statement

Use this section if you used the services of an interpreter and/or translator when making your Advance Health Directive.

If you accessed an interpreter and/or translator when making your Advance Health Directive in English, your interpreter/translator should complete this section.

Your interpreter/translator should read the information in Part 5.1 and the Frequently asked questions in Section 3: Helpful information of the *'A Guide to Making an Advance Health Directive in Western Australia'*.

Your interpreter/translator cannot witness your signature on the Advance Health Directive.

\*Note: It is recommended that your interpreter/translator be qualified and/or credentialed in interpreting/translating.

Full name of interpreter/translator

Phone number

Email

Agency name (if applicable)

I interpreted/translated this Advance Health Directive to the maker in the following language:


I have been certified by NAATI as: (Tick all that apply)

- Recognised practising translator
- Certified translator
- Recognised practising interpreter
- Certified provisional interpreter
- Certified interpreter
- Certified specialist health interpreter
- Certified specialist legal interpreter

If yes, NAATI Number:

I am not certified by NAATI

**Interpreter/translator statement (continued)**

I have a qualification in the following: (Tick all that apply)

- Translating qualification from a university
- Interpreting qualification from a university
- Translating qualification from a Vocational Education and Training institution
- Interpreting qualification from a Vocational Education and Training institution
- Registration with the Aboriginal Interpreting WA for languages of some Aboriginal communities
- I do not have a qualification in interpreting/ translating.

\*I am a family member or friend of the maker of this Advance Health Directive:

- Yes       No

Interpreting/translating took place:

- in person       via phone/videoconference

I confirm that (Tick all that apply):

- I provided a true and correct sight translation of the Advance Health Directive to the individual.
- I provided a true and correct written translation of the Advance Health Directive to the individual.
- I provided a true and correct written translation of the individual's original information and instructions.
- I interpreted the dialogue between the individual and medical professional/legal professional/other third party about the Advance Health Directive to the best of my ability.

Signed: (signature of translator or interpreter)

Date: (dd/mm/year)