Consumer	
مشتمرى	
Name:	
ناو:	
Date of Birth: dd/mm/yyyy / /	
رێڮڡۅتى لعدايكبوون: سال/مانگ/رۆژ / /	
Sex:	
ر هگەنز :	
UR Number:	
ژمار ه <i>ی</i> UR:	

or affix label here یان لکینر او مکه لیر مدا دالکینن

رەز امەندىنامەي بەھاويەشىدانانى زانيارىي

Consent to share information ر هز امهندینامهی به هاو بهشیدانانی ز انیاریی

Purpose: to record freely given informed consumer consent to share their information with a specific agency/ies for a specific purpose/s.

ئامانج: تقرمار کردنی ر هز امهندی ئاگایانه و ئاز ادی مشتهری بق بههاو بهشیدانانی ز انیار یهکان لهگهٔل دامهزر اوه(کانی) تایبهت بوّ ئامانج/ئامانجگهایّکی تایبهت.

Section 1: Personal/health information to be shared بهشی 1: ئەو زانياريانەى تاكەكەسى/پێوەندىدار بە تەندروستى كە بړيار وايە بنرێنە ھاوبەشى

Purpose/s نامانج/نامانجهکان Examples: - referral - referral - shared care/case planning - informing services participating in consumer's care نامونهکان: - ناردن - بهرنامهدار شتتی هاوبهشی چاودنریی/پیّوهندیدار به بابعت - ناگادار کردنهوهی ناوهندهکانی خزمه تگوزاریی که دستیان ههیه له پیشکهشکردنی خزمه تگوزاریی	Type of Information جۆرى زانيارىدىكان Examples: - all relevant information - exceptions as stated by consumer نموونهكان: - هەموو زانيارىيە پنو مندىدارمكان - دەگمەنىدەكان (جياوازىدەكان) لەلايەن مشئەرىهوه ديارى دەكرىن	Name of Agency ناوی فهرمانگه Examples: - Strawberry Community Health centre - Blueberry City Council نموونه کان: - ناومندی چار هسهر کردنی نهنجومهنی ستر ابیری (Strawberry) - نهنجومهنی شاری بلوبیزی (Blueberry)	Service Type جۆرى خزمەتگوزارىي Examples: Physiotherapy – counseling نموونەكان: – فىزيۇتىراپى – راونىژكارىي

Section 2: Record of consent

بهشی 2: توّ مار کردنی روز امهندی
□ Written consumer consent
🔲 رهزامهندی نووسراوهیی مشتهری
The worker/practitioner has discussed with me who and why certain information about me may be shared with other service providers, as above. I understand this and I give my consent for the information to be shared.
یار مهتیدهر /پزیشک لهگائل من سهبارهت به چونیهتی و هوّی به هاویه شیدانانی زانیار یه تاییه تهکانی پیّو هندیدار به من لهگائل دیکهی ناو هندمکانی پیّشکه شکر دنی خز مهتگوز اریهکان، بهوجوّر هی که لهسهر هوه ناماژهی پیّکرا، وتوویژی کردووه. من لهم بابهته تیگهیشتووم و ر هز امهندی خوّم بوّ به هاویه شیدانانی زانیاریهکان رادهگهینم.
Signed:
واژوّ:
Dated: dd/mm/yyyy / /
ریْکەوت (سالْ/مانگ/رۆڑ): / /
or

رویت تیگهرشورم رو گیترا اس بو رمایزادی بر العلاقی البرویتاتی البرویتاتیتاتی البرویتاتیتاتیتاتیتاتیتاتیتاتیتاتیتاتیتاتیتا	I have discussed with the consumer how and why c that this has been understood and that informed	consent for the information to be shared a	as detailed above has been given.		
الله (that is, they do not understand the nature of what they are consenting to, or the consequences (that is, they do not understand the nature of what they are consenting to, or the consequences before the consequences (المعلق المعلق الم	نهل مشتمری لهسس چونیهتی و هوی بههاوبهشیدانانی زانیاریه تاییهتمکان به ئهگمر موه لهگهل دیکهی ناوهندهکانی پیشکهشکردنی خزمهتگوزاریی وتووییژم کردووه. رادهگهینم که هته تیگهیشتووم و وشیارانه بو بههاوبهشیدانانی زانیاریهکان – بهوجوّرهی که له سهرموه گوترا – رهزایهت دراوه.				
ا هشتگری شهری بر آنههایش روز انگهایشتی روز استدیدات (البتد اینانی البتدیدات) (البتد اینانی البتدیدات) (البتد اینانی البتدیدات) (البتدیدات) (البتدیدات			or یان		
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(name of authorised representative) الروز توليم والي الميار ال	-				
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ادهکراو لهلایهن و هزار متی تهندروستی فیکتوریایی، 2012 CSI Page 1 of 1 1 1 Consent obtained/witnessed b رگر/شایعتی ر هزامهندیی: Position/Agency: پلمورینگه/فعرمانگه:	informa المحرجانه می سهر موه و و مرگریت، یار مهتیده ر لپزیشک دهبیت (پاش 1. Discuss with the co اریی/دامهزر او مکان و تو و یژ بکات. 2. Explain that the consumer's information will only when referring, advise that referral for ser یز اریی/دامهزر او مکان دهنرینه هاو بهشی و ، له کاتی سهر داندا، یدر او ه. 3. Provide the consumer with infor	ation as detailed above, the worker/practitin at detailed above, the worker/practitin ت بریار یکی ناگایانه لهسه به به هاو به شیدانانی زانیار یه کان به onsumer the proposed sharing of informati ار کر اوی زانیار یه کان له گهل دیکه می ناو منده کانی خزمه تگوز be shared with these services/agencies if vice can still proceed if the consumer does by در ماه ناو مندانه می خزمه تکه به روزامه ندی میشته بری که نیادند ی روزامه ندی بو دهر خستنی زانیار یه کان هی مشته بری بکات. و مکو بلاقی کی: زانیار یه کانی که سین پیشکه شی مشته بری بکات. و مکو بلاقی کی: زانیار یه کانی که به Provide the consumer with a co	oner should (tick when completed): بر دانیابو و نه وه الموه که نوینه ری یاسایی بتو انید بر کردنه وه دیاری بکهن): می with other services/agencies او المحگمل مشتمری المسمر به هاو به شیدانانی پیشنید the consumer has agreed and, a not want information disclosed او شرو قهمی بکات که زانیاریه کانی مشتمری (به را بگهینیت که ناساندن بو سیر قیس به بی را گاو Your Information – It's Private و زانیاریی پیوهندیدار به پار استنی همریمی تاکمی py of this form once completed.		
Contact number: Date: dd/mm/yyvy / / Sid		Produced by 2012 ، یابی، Position/Agency:	the Victorian Department of Health, 2012		