

## Translator statement

Use this section if you used the services of a translator when making your Advance Health Directive.

If you accessed a translator when making your Advance Health Directive in English, your translator should complete this section.

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

Full name of translator

Phone number

Email

### Please tick all that apply:

I have been certified by NAATI as a translator:

Yes

No

If yes, NAATI Number:

I have a qualification in translating from a university:

Yes

No

I have a qualification in translating from a Vocational Education and Training institution (e.g. TAFE):

Yes

No

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

Yes

No

### I confirm:

- that i have provided a true and correct translation of the Advance Health Directive document in ... (insert language)

- that this Advance Health Directive accurately reproduces in English the original information and instructions of ... (insert name of person)

Signed: (signature of translator)

Date: (dd/mm/year)