

Request for Translation

Send completed requests to Diversity Services
 Email: diversity@providencehealth.bc.ca
 Phone: 604-806-9313; Fax: 604-806-9315

Do not use this form if the request is related to research

Requestor Information

Date (dd/mm/yy):
 Requestor's Name:
 Requestor's Dept/Unit:
 Contact Phone:
 Contact Email:
 Operations Leader/Director:

Depending on your document type, audience, and usage, **we may ask you to contribute partially or in whole** toward the cost of translation.

Contact Diversity Services if you have questions about this.

Type of Request

Translation Type: English to Non-English Non-English to English
 Proof reading

Description of Material

Title of Material or Project:
 Timeline: 1 month or more Within 1 month Specific deadline:
 Urgent - Why is it urgent?
 Language(s) Required:

Type of Material to be Translated

Poster Print health education material (PHEM) Form
 Letter Information book/pamphlet Survey/questionnaire (non-research)
 Other (specify):

Revision to Existing Material

Is your document a revision to previously produced PHC material? Yes No
 Does your document replace previously produced PHC material? Yes No
 If you are revising/replacing a **PHEM document** or **PHC Form**
 1. Please provide the PHC PHEM or Form number:
 2. Has this revision been approved by the PHEM or Forms Committee? Yes No
 Are you asking to translate material that did not originate from PHC? Yes No
 If **yes**, do you have permission to use this material? Yes No

New Material

Have you checked with the PHC PHEM Committee, Forms Committee, Royal Printers online catalogue, or the Diversity Services intranet site to see if a similar document already exists? Yes No

Purpose

Why the document was written in the first place? (select all that apply)

- Marketing, promotion To complete a form Educational (disease specific or general)
 To seek or make use of help or information Self-care instructions (general or individualized)
 Navigational (signage) Requesting feedback Other (specify):

What is the intended audience response? (select all that apply)

- To follow a treatment plan or medication instruction To find information, a service, or a location
 To sign a form or give consent To make a phone call or an appointment
 To make a health-related visit To make a decision
 Other (specify):

Reason for translation?

- Intended audience Patient/Resident Health record/Medical staff Public
 Other (specify):

If your audience is patient/resident: Age Range: _____ Estimated Literacy (Grade reading) Level: **Click to select**

Is there anything special that we need to know about your audience? (eg. Specific to gender, health condition, ethnicity, country of origin, etc.)

Will your material be a) **read BY** the participants?

b) **read TO** the participants? *If you need an interpreter, call 604-675-4099*

Estimate usage of translated material (number of copies): _____ Monthly or Yearly

Content Check

Has your material been:

Proofread (grammar, accuracy, completeness)? Yes No

Plain language edited? Yes No If **yes** by whom?

Estimated readability level of your document? Flesch-Kincaid: SMOG:

Your material has been approved by (select all that apply):

- Committee or Dept/Unit Director Communications PHEM Committee Forms Committee
 Other (specify):

Will the content require updating on a regular basis? Yes No

Is any part of your material copyrighted by another source? Yes No

(If yes and your material is not a Form or PHEM, attach a copy of your permission to reuse this material.)

Output

Some languages take more space than English. Please make sure you have left white space within your source material layout to accommodate this. If your source material's layout cannot be altered to accommodate the space needs of translation, please let us know. (This may mean the translated font will be smaller than the original source material.)

Output Format (select all that apply)

- Print Electronic document (for download or print by user) PowerPoint presentation
 Other (specify)

Note: Depending on the type of material being translated, the output might be in both English and the requested language (such as for informed consent documents).

Destination

Site(s) your document will be used

- All PHC sites Brock Fahrni Holy Family Honoria Conway Langara Marion Hospice
 MSJ SPH Youville Other (specify)

Special instructions?