**Form A: Request for translating ESPE patient information leaflets**

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| **Applicant contact details** |
| Full name |  |
| Title |  |
| Institute |  |
| Work address |  |
| Email |  |
| Mobile number |  |
| ESPE Member since (mm/yyyy) |  |
| **Patient Information leaflet details** |
| Desired translated language |  |
| Title of the ESPE document(s) to be translated |
| *(e.g. Type 2 diabetes and obesity Easy read)* |  |
| Will you translate it yourself? | Yes [ ]  No [ ]  |
| If answered “No”, who will translate it? |
| *(Please provide the full name and designation)* |  |
| Local paediatric endocrine society |
| *(Please provide the name of your local society)*  |  |
| Translated document must be approved by the local paediatric endocrine society before endorsing it by ESPE |
|  | Yes, I acknowledge that [ ]  |
|  |  |
| Signature |  |
| Date  |  |

Completed form to be sent to: **espe@mci-group.com**