

Proposal to Translate Psychiatric Assessment Guide

Name of
Organisation:

Address:

Postcode:

Name of
Main Contact:

Telephone Number:

Email Address:

Please list the language/s to be translated.

Estimated date of completion of translation:

Names and Expertise of the person/s translating the document:

State the Project Proposal and the Process to be followed:

I agree that the copyright of the new completed document will remain the property of Professor David Curtis and East London NHS Foundation Trust.

Signature: _____

Date: _____

For more information, you can contact The Interpreting and Translation Manager on 0207 655 4123 or Jordan.Soondar@eastlondon.nhs.uk