Parent/Carer Declaration for not proceeding with amplification

I ..... have decided not to pursue a hearing aid for my child ..... at this time.

I am aware that the audiologist has recommended this and of the impact not having a hearing aid could have on my child's

- Speech development
- Performance at school and
- Ability to communicate with family and friends

I am also aware that delay in amplification can have long term effects on the brains ability to process sounds and as such can have long term effects reducing the effectiveness of hearing aids in future, even if they choose to use a hearing aid when they are old enough to make decisions about their own health.

I understand that my child's hearing will now be monitored annually, and should I change my mind I will request this with the paediatric audiology team.

Signed: ..... Parent/Carer

Witnessed: ..... Audiologist

Date: .....

If you have any comments about this leaflet or the service you have received you can contact :

Audiology Outpatient Department

Telephone: 01484 343500

Website: **https://www.cht.nhs.uk/services/clinical-services/audiology**

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਜੇ ਤੁਸੀਂ ਇਸ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪਾਰੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ,
ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉੱਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ یا زبان میں درکار ہوں، تو
برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں.

"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم المذكور أعلاه"