



Translation Request Form

Please print and complete the form below along with the signature page beneath it.

Once the signature page has been signed please return the forms to the EPUAP Business Office by post or fax

Contact Details for EPUAP Business Office:

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Name	
Organisation	
Email address	
Postal Address	
Language for translation	
Name and position of authorised signatory	



Translation Request Form

Declarations

1. I confirm that I am authorised to sign the declarations below on behalf of [insert name of organisation here]

Name: Signature

2. I acknowledge that EPUAP and NPUAP retain copyright of all versions of the International Pressure Ulcer Guidelines

Name: Signature

3. I confirm that neither I nor my organisation will profit financially from the translated version of the International Pressure Ulcer Guidelines

Name: Signature:

4. I confirm that I and my organisation will follow the requirements for translation as set out on the EPUAP website

Name: Signature:

5. I confirm that a copy of the translated guideline will be sent to the EPUAP Office to be placed on the EPUAP website

Name: Signature:

6. I plan to translate the following documents (check all that apply):
- Pressure Ulcer Prevention Quick Reference Guide
 - Pressure Ulcer Treatment Quick Reference Guide

Name: Signature

Date