International Social Service Hong Kong HOPE
Interpretation Service Request Form

Please return the completed, signed formwith theBureau/Department Choptofax(No.: 3160-8146) or email (hope.it.scem@isshk.org), along with any *materials (if appropriate)*. We will reply to you via email or fax.

Informationprovidedwill be disclosed toourassignedinterpretersandauthorisedstaffofHOPE for the purpose of following up on your application.

(OfficialUse)
Case Ref No:

ServiceRequested:(Oneper request form)		
☐ **Telephone Interpretation**	☐ **On-site Interpretation**	☐ **Simultaneous Interpretation**

1. Government Bureau/ Government Department Information

Name of Government Bureau/ Government Department:	
Unit/Section:	
Address:	
Tel:	**Fax:**

2. Requester Information

Name of Requester:		**Post:**	
Email:	**Tel:**	**Fax:**	

3. Service User Information

Name:		**Gender:**	☐ **Male** ☐ **Female**
Language Spoken:	☐ **Bahasa Indonesia** ☐ **Bengali** ☐ **Hindi** ☐ **Nepali**		
	☐ **Punjabi** ☐ **Tagalog** ☐ **Urdu**		

4. Appointment Details

Preferred date and time:			
1st Priority	**Date (DD/MM/YY):**	**Time:**	_____am/pm to _____am/pm
2nd Priority	**Date (DD/MM/YY):**	**Time:**	_____am/pm to _____am/pm
3rd Priority	**Date (DD/MM/YY):**	**Time:**	_____am/pm to _____am/pm
Address of Appointment:			
Responsible Staff name:		**Tel:**	
Preference of Interpreter: ☐ **None** ☐**Male** ☐**Female**		Payment: ☐ Invoice needed ☐ Receipt needed	
Background Information about the assignment:			

Signature:

Signed by: _____

Date: _____

Bureau/Department Chop:

(Official Use Only)	Confirmed by:		Confirmation Date:	
	Appointment:	**Date:**	**Time:**	**Interpreter:**