

International Social Service Hong Kong HOPE

Interpretation Service Request Form

Please return the completed, signed form with the Organisation/School to fax(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.

**Information provided will be disclosed to our assigned interpreters and authorised staff of HOPE for the purpose of following up on your application.*

(Official Use)

Case Ref No:

Service Requested: (One per request form)

☐ Telephone Interpretation
 ☐ On-site Interpretation
 ☐ Simultaneous Interpretation

1. NGO/School/Other Public Service Provider Information

Name of NGO/School/Other Public Service Provider:			
Unit/Section:			
Address:			
Tel:		Fax:	

2. Requester Information

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

3. Service User Information

Name:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Language Spoken:	<input type="checkbox"/> Bahasa Indonesia <input type="checkbox"/> Bengali <input type="checkbox"/> Hindi <input type="checkbox"/> Nepali		
	<input type="checkbox"/> Punjabi <input type="checkbox"/> Tagalog <input type="checkbox"/> 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:		Payment:	
<input type="checkbox"/> None <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Invoice needed <input type="checkbox"/> Receipt needed	
Background Information about the assignment:			

Signature:

Signed by:

Date:

Organisation/School Chop:

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