

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)

<input type="checkbox"/> Telephone Interpretation	<input type="checkbox"/> On-site Interpretation	<input type="checkbox"/> Simultaneous Interpretation
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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:		<input type="checkbox"/> None <input type="checkbox"/> Male <input type="checkbox"/> Female	Payment:	<input type="checkbox"/> Invoice needed	<input type="checkbox"/> Receipt needed
Background Information about the assignment:					

Signature:

Organisation/School Chop:

Signed by:

Date:

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