



IMMIGRANT SERVICES CALGARY
INTERPRETATION REQUEST/PRE-APPROVAL FORM
Please complete clearly and fax to Language Bank at (403) 265-1167
or email interpret.lb@immigrantservicescalgary.ca

Date (M/D/Y): _____

Service Required: In-Person Phone Conference Message Relay Other Specify: _____

<input type="checkbox"/> Self-referral	<input type="checkbox"/> Agency	<input type="checkbox"/> Children's Services	Site: _____
Name of Agency _____		Program _____	
Name of Requesting Staff _____		Telephone _____	
Fax _____		Email _____	
Name of the staff who will be using interpreter (if different) _____			

Request & Payment Approval (if relevant) _____	
Signature _____	Manager's Name _____
Billing Person's Name _____	Telephone _____
Email Address for Invoice _____	
Address _____	Postal Code _____

Agency File No. _____
Client's Last Name _____ First Name _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Other names and relationship (if relevant) _____ Telephone _____
Address (optional) _____ Postal Code _____
Client's Country of Birth (optional) _____ Client's Date of Birth (optional) _____
How long the client/family has lived in Canada (optional): _____

LANGUAGE/DIALECT REQUIRED _____	
Service Date (M/D/Y) _____	Day of the Week _____
Start-time _____	Duration of Service Booked _____ Hours _____ Minutes
Other <u>options</u> of date and time (if possible): _____	
Reason for Interpretation <input type="checkbox"/> Health <input type="checkbox"/> Employment <input type="checkbox"/> Education <input type="checkbox"/> Legal <input type="checkbox"/> Community Service <input type="checkbox"/> Public Knowledge <input type="checkbox"/> Other	
Description _____	
Location of Interpretation _____	
Should the interpreter contact <input type="checkbox"/> the requestor or <input type="checkbox"/> client before the assignment? _____	
Other Comments _____	

TO BE COMPLETED BY LANGUAGE BANK	
Language Bank File No _____	Name of Interpreter _____
Request processed by _____	Date _____