



3rd Floor Ashbury House
 24-31 Shortbread Square, Bolton, BL9 7DB
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 Email: booking@xyz-interpreting.org.uk
 Website: www.xyz-interpreting.org.uk

Interpreter Booking Form

Please complete this form in BLOCK CAPITALS, in black ink or typewritten, and provide as much information as possible.

Today's date	___/___/___	Time	__:__
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Service Provider Details	
Booked by (name)	<i>Jean Perera</i>
Position	<i>Receptionist</i>
Department	<i>Community Healthcare Services</i>
Organisation	<i>Hatchbrook Clinic</i>
Address	<i>Hatchbrook Clinic, Doghurst Lane, Bolton, BL8 6YH</i>
Town/city	<i>Bolton</i> Postcode <i>BL8 6YH</i>
Telephone	<i>01204 789654 Ext 201</i>
Fax	<i>01204 789655</i>
Email	<i>j.perera@boltonhealth.nhs.uk</i>

Invoicing details (if different from Service Provider Details)	
Name <i>as per Service Provider Details</i>	
Department	
Organisation	
Address	
Town/city	Postcode
Tel	Ext
Special instructions	

Session Details		
Date(s) reqd <i>Weds 6th & 20th Dec, & 3rd Jan.</i>	Start time(s) <i>4.30pm</i>	approx N° of hours <i>One</i>
* For billing purposes, each date supplied will be considered as an individual booking		
Is the appointment?	New <input type="checkbox"/>	Follow-up <input checked="" type="checkbox"/>
Gender of interpreter	Either <input type="checkbox"/>	Female <input checked="" type="checkbox"/> Male <input type="checkbox"/>
Preferred interpreter	<i>Ellie Chan</i>	
On-site contact person	<i>Su Fernando, comm. midwife</i>	
Location (full address)	<i>Hatchbrook Clinic, Doghurst Lane (map & bus info attached)</i>	
Town/city	<i>Bolton</i>	Postcode <i>BL8 6YH</i>
Telephone	<i>01204 789654 Ext 201</i>	
Purpose of session	<i>Routine ante natal appointments: 36, 38, 40 weeks of pregnancy</i>	

Client Details	
Name	<i>Lin Juan</i>
Case/hospital/etc. reference	<i>BN32165684</i>
Country of origin	<i>PRC: People's Republic China</i>
Language	<i>Mandarin</i>
Dialect	<i>North-Eastern</i>

Additional Client Information	
<i>Client is 19 years old. Recently arrived in area. Have successfully worked with this interpreter before.</i>	
Is the client?	Individual <input type="checkbox"/> Family member <input checked="" type="checkbox"/>
Other relevant information	<i>Will require interpretation for appointments up to and following birth with this interpreter.</i>
Signed by Service Provider	

We would be grateful if you could send us any background information and/or other relevant material that could help the interpreter prepare for the assignment (map, directions, service specific glossaries, case notes, etc.). XYZ shall hold all of the information contained in this form in strict confidence .

Arrangement Details (for office use)		
Interpreter	Processed by staff	
Interpreter confirmed date:	Service Provider confirmed date:	Notes
Tel <input type="checkbox"/> Email <input type="checkbox"/>	Tel <input type="checkbox"/> Email <input type="checkbox"/>	
Fax <input type="checkbox"/> Post <input type="checkbox"/>	Fax <input type="checkbox"/> Post <input type="checkbox"/>	

Please photocopy this form and use for future bookings. The form is also available in electronic format and can be downloaded from our website or forwarded via email upon request.