

Hong Kong Christian Service CHEER

Simultaneous Interpretation Service (SIS) Request Form

Please complete this form together with your agency's chop and your signature to **fax (No.:3106 0455) or email (tis-cheer@hkcs.org)** at least **21 working days in advance**. We will reply you via email within 7 working days.

Information you provide will be disclosed to our assigned interpreters and authorized staff of CHEER for the purpose of following up your request.

Case Reference number: _____ <i>*This number will be issued by CHEER.</i>	Agency code(If Any): _____ <i>*This code will be assigned by CHEER</i>
Type of Organization: <input type="checkbox"/> Education Bureau <input type="checkbox"/> Department of Health <input type="checkbox"/> Housing Department <input type="checkbox"/> Immigration Department <input type="checkbox"/> NGO <input type="checkbox"/> School <input type="checkbox"/> Social Welfare Department <input type="checkbox"/> Others: _____	
Organization Information: (Compulsory for organizations without Agency Code) Name: _____ Unit/ Section: _____ Address: _____ Tel: _____ Fax: _____	
Enquirer Information: Name: _____ Post: _____ Email: _____ Tel (If different from above): _____ Fax (If different from above): _____	
Service User Information: (Please attach an attendance list if available) Name: _____ Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Language Spoken: <input type="checkbox"/> Bahasa Indonesia <input type="checkbox"/> Hindi <input type="checkbox"/> Nepali <input type="checkbox"/> Punjabi <input type="checkbox"/> Tagalog <input type="checkbox"/> Thai <input type="checkbox"/> Urdu	
Date needing SIS: Date _____ (DD)/ _____ (MM)/ _____ (YY) Time : _____ AM/PM to _____ AM/PM Meeting Place: _____ (room) _____ (floor) _____ (building) _____ (street/road), _____ (district), <input type="checkbox"/> New Territories <input type="checkbox"/> Kowloon <input type="checkbox"/> Hong Kong Contact Person (If different from above): _____ Contact no. on SIS appointment date: _____ Preference of interpreter: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Either	
Background information about the assignment <i>(Please fax relevant materials such as application form together with this form if appropriate. CHEER reserves the right to decline an assignment which requests our interpreters to sign any documents on-site)</i>	
Payment methods <input checked="" type="checkbox"/> the appropriate statement	Payment fee will be paid <input type="checkbox"/> by cash/ cheque to CHEER's interpreter <input type="checkbox"/> by cheque sent to CHEER's office
Operation hour : HK\$150 per hour for Government Departments / NGOs / Public Social Service units / Schools - The charge of SIS is counted in 30 minutes per unit i.e.HK\$75 (for 30 minutes during operation hour) - Minimum time for a SIS is 30 minutes; time less than 30 minutes will be counted as 30 minutes. - If the SIS finishes prior to the scheduled ending time, full payment will be charged. - Availability and fee for any request for SIS during anytime out of the above operation hours will be considered case by case. Normally, a higher rate will be charged for service provided in non-operation hours. - Please contact us to confirm availability of the interpreter if the scheduled SIS is expected to overrun. We may not be able to give interpretation support during the extended period if no prior notice is made. Services provided during the extended period will be charged accordingly.	
If you need an invoice, please tick here <input type="checkbox"/> If you need an official receipt, please tick here <input type="checkbox"/>	
Office Use Only	Confirmed SIS by: _____ on _____ (Date) at _____ (Time) Name of Interpreter booked: _____ Service charge: _____

Interpretation will be between English and one of the EM languages.

Signed by : _____
 Name of Officer : _____
 Date : _____

Agency Chop: