



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

Date (M/D/Y): _____

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

<input type="checkbox"/> FVP <input type="checkbox"/> Agency <input type="checkbox"/> CACFSA 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: _____ Signature _____ Manager's Name _____
Billing Person's Name: _____ Telephone: _____ Email: _____ (Invoice will be mailed to)
Address: _____ Postal Code: _____

Agency File No. (if applicable): _____
Client's Last Name: _____ First Name: _____ Male/Female <input type="checkbox"/> Child
Parent's name (if relevant): _____ Telephone: _____
Address: _____ Postal Code: _____
Country of Birth: _____ Date of Birth (M/D/Y): _____
Date of Landing (M/D/Y): _____ Date of Arrival in Calgary (M/D/Y): _____
Immigration Category: <input type="checkbox"/> Independent <input type="checkbox"/> FC/AR <input type="checkbox"/> Refugee <input type="checkbox"/> Others _____

Language/Dialect Required: _____
Service Date (M/D/Y): _____ Time: _____ Estimate Duration of Service: Hours ____ Minutes: _____
Other <u>options</u> of date and time (if possible):
Date: _____ Time: _____ Estimate Duration of Service: Hours ____ Minutes: _____
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"/> you or <input type="checkbox"/> client before the assignment? _____
Other Comments: _____

TO BE COMPLETED BY LANGUAGE BANK		
Language Bank File No.:		
Date of Service:	Duration of the service: Hours	Minutes
Name of the Interpreter:	Request processed by: Memo sent: Date:	