



**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](mailto:LB@immigrantservicescalgary.ca)

Date (M/D/Y): [Click here to enter a date.](#)

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

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

<b>Request &amp; Payment Approval (if relevant):</b> _____	_____	
Signature	Manager's Name	
<b>Billing Person's Name:</b> _____	Telephone: _____	Email: _____
<small>(Invoice will be mailed to)</small>		
Address: _____	Postal Code: _____	

Agency File No. (if applicable): _____		
<b>Client's Last Name:</b> _____	<b>First Name:</b> _____	<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 (M/D/Y) (optional): _____
How long the client/family has lived in Canada (optional): _____		

<b>LANGUAGE/DIALECT REQUIRED:</b> _____		
<b>Service Date (M/D/Y):</b> _____	<b>Time:</b> _____	<b>Estimate Duration of Service:</b> Hours ____ Minutes
Other <u>options</u> of date and time (if possible): _____		
Date: _____	Time: _____	Estimate Duration of Service: Hours ____ Minutes
<b>Reason for Interpretation:</b> <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		
<b>Description:</b> _____		
<b>Location of Interpretation:</b> _____		
Should the interpreter contact <input type="checkbox"/> the requestor or <input type="checkbox"/> client before the assignment?		
Other Comments: _____		

<b>TO BE COMPLETED BY LANGUAGE BANK</b>	
Language Bank File No.: _____	
Date of Service: _____	Duration of the service: Hour ____ Minutes
Name of the Interpreter: _____	Request processed by: _____
	Date: _____