

INTERPRETER REQUEST FORM

Assignment Details

Date required: _____

Time required: _____ am/pm

Anticipated Length of assignment: _____

Location of Assignment: _____

Non-English speaker's full name: _____

Language spoken: _____ Gender : Female Male

Specific gender of Interpreter required: Female Male Either

Service Required: Face to face Telephone Service NHI

Does the Interpreter need to confirm the appointment with the non-English speaker? Yes / No

If so, what is the non-English speaker's phone number(s): _____

Notes or other relevant information: _____

Agency Details:

Name of Agency: _____

Contact name: _____ Contact ph. number: _____

Email address: _____ Contact fax number : _____

Invoicing Details:

Postal Address (for invoice): _____

Attention: _____ Post Code: _____

Reference/purchase order number: _____

Signed: _____ Date: _____

Please send completed to form to Decypher

Fax: (07) 838 2195

Email: info@decypher.co.nz

IF AN INTERPRETER IS REQUIRED URGENTLY OR OUTSIDE OFFICE HOURS

PLEASE PHONE 027 479 2419

TERMS AND CONDITIONS:

* Minimum charge – there will be a minimum charge that relates to the initial duration of time requested. Any additional time will be charged at Decypher's standard rates. Payment is due within 14 days.

* Cancellation – any cancellation within 24 hours of the confirmed commencement time of the assignment will incur a cancellation fee. Please ensure cancellation is notified to Decypher's 24 hour phone 027 479 2419 outside of office hours.

* Refer to www.decpyher.co.nz for Decypher's current fees.