# NZSL Interpreter Booking Form

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| **Name of agency:** |

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| **Billing address:** |

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| **Contact person:** |
| **Contact email:** | **Contact telephone:** |

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| **Number of Deaf people expected to attend:** |
| **Name of Deaf person(s) if known:** |

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| **Date of event:** |
| **Time start:** | **Time finish:** |

*(Please note that assignments longer than 2 hours require more than one interpreter)*

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| **Location:** *(include street address, building name, floor and room number. If the sign language interpreter cannot access this location directly, give details of reception or contact person)* |

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| **Type of event:** *(e.g. patient consultation, staff meeting, conference, etc.)* |

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| **Purpose / content of event:** |

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| **Are preparation materials available? YES / NO***(e.g. PowerPoint presentations, agenda for a meeting, speech notes)* |
| **If yes, who will provide these materials to the interpreter?****Name:****Email: Telephone:** |

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| **Do you have any specific requirements with regard to the NZSL interpreter?** *(e.g. client has requested specific interpreter; male or female interpreter required)* |

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| **Special instructions or any additional information that may assist the interpreter:** |