

Queensland Public Health Interpreter Services
for Department of Health-funded non-government organisations



REQUEST FORM

Send this form to the Queensland Public Health NGO Interpreter Service Coordinator

Fax:	or	Scan and email:
(07) 3006 2767		NGO_int_service@health.qld.gov.au

Interpreter service information

Appointment date	*	
Start time (24 hr clock)	*	
Expected duration (mins)	*	
Service type	*	<input type="checkbox"/> Onsite <input type="checkbox"/> Telephone
Address of appointment	*	
Client's first name only (or assumed name)	*	
Client's gender	*	<input type="checkbox"/> Male <input type="checkbox"/> Female
Client's phone number		(only if required for telephone service with client receiving service at home)
Language	*	
Cultural requirements		(e.g. dialect, religion)
Gender preference	*	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No preference
Briefing information for interpreter		
Notes to Coordinator		

Details of requesting organisation

Today's date	*	
Name of the organisation	*	
Name of the Queensland Health funded project	*	
Person making this booking	*	
Contact phone number	*	

* - mandatory field

COORDINATOR USE ONLY		
Booking created on: _____ / _____ / _____	RID: _____	BID: _____
Booking confirmed <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmation advised _____	
Interpreter Name: _____		
Inability..... <input type="checkbox"/> Sent to _____		