# NZSL Interpreter Booking Form

|  |
| --- |
| **Name of agency:** |

|  |
| --- |
| **Billing address:** |

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

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

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

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

|  |
| --- |
| **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)* |

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

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

|  |
| --- |
| **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:** |

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

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