

**Health Care Interpreter Service  
Interpreter Request Form**

Requesting Agency: .....

ABN for billing purposes: .....

Address: .....

Phone: ..... Email: .....

Contact Person: .....

Name of Professional: .....

Client Surname: ..... Given Names: .....  M  F

Language: ..... Date of appointment: .....

Time of Appt: ..... Estimated Duration: .....

Location: .....

Discussion topic: .....

Special Instructions: .....

**Rates for Provision of Services:**

**Onsite: \$250.00 for session of 2.5 hours and \$35 per ½ hr thereafter (plus GST)**

**Phone Interpreting: \$40.00 for 1<sup>st</sup> half hour and \$35 per ½ hr thereafter (plus GST)**

**Video conference Interpreting: \$80.00 for 1<sup>st</sup> hour and \$35 per ½ hr thereafter (plus GST)**

**Travelling allowance: \$60.00 per hour (plus GST) for distances of more than 60km in each direction**

**PLEASE COMPLETE THE FOLLOWING UNDERTAKING:**

I ..... Of.....

**Acknowledge the fees charged by the Health Care Interpreter Service for interpreting bookings and undertake to pay the fees within 14 days from invoice date.**

**I understand that if cancellations occur on the same day of the booked time, a cancellation fee equal to the minimum fee plus GST is applicable.**

**Signature: .....**

**Date: .....**

**Please return completed form via email or fax (as above)**