MULTICULTURAL HEALTH SERVICE
HNELHD-MulticulturalHealth@hnehealth.nsw.gov.au
Phone: (02) 4924 6285
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NSW GOVERNMENT Health
Hunter New England
Local Health District

Health Care Interpreter Service
Translation Request Form

Requesting Agency: …….

ABN for billing purposes: ……..

Address: …….....

Phone: …… Email: ……..……..

Contact Person: ……

Document Name: ……..……..

Target Language/s to be translated into: …….. ……..…….

Date required: ……..…

Special Instructions: ……..……

……

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<u>Rates for Provision of Services</u>:

Translation fees: $40.00 per 100 words

PLEASE COMPLETE THE FOLLOWING UNDERTAKING:

I …… Of……..…

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

I understand that if cancellation occurs more than 24 hours after the request was accepted, a cancellation fee of up to the full fee (plus GST) might apply.

Signature: ..... Date: ……

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

Revised 05/04/2019