**Appendix VI: SIS Request Form (即時傳譯服務申請表)**

**Hong Kong Christian Service CHEER**

**Simultaneous Interpretation Service (SIS) Request Form**

Please complete this form together with your agency’s chop and your signature to **fax (No.:3106 0455) or email (tis-cheer@hkcs.org)** at least **21 working days in advance**. We will reply you via email within 7 working days.

Information you provide will be disclosed to our assigned interpreters and authorized staff of CHEER for the purpose of following up your request.

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| **Case Reference number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *\*This number will be issued by CHEER.* | | | | **Agency code(If Any):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \*This code will be assigned by CHEER | | | |
| **Type of Organization:** 🞏 Education Bureau 🞏 Department of Health 🞏 Housing Department 🞏 Immigration Department 🞏 NGO  🞏 School 🞏 Social Welfare Department 🞏 Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Organization Information: (Compulsory for organizations without Agency Code)**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit/ Section: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| **Enquirer Information: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel (If different from above):\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax (If different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| **Service User Information: (Please attach an attendance list if available)**  **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: □ Female □ Male**  **Language Spoken: □ Bahasa Indonesia □ Hindi □ Nepali □ Punjabi □ Tagalog □ Thai □ Urdu**  **(\*Refer to Important Notes) □ Vietnamese** | | | | | | | |
| **Date needing SIS: Date \_\_\_\_\_\_(DD)/\_\_\_\_\_\_(MM)/\_\_\_\_\_\_(YY) Time : \_\_\_\_\_\_\_\_\_ AM/PM to \_\_\_\_\_\_\_\_\_ AM/PM**  **Meeting Place: \_\_\_\_\_\_\_\_(room)\_\_\_\_\_\_\_\_(floor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(building) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(street/road), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(district), □ New Territories □ Kowloon □ Hong Kong**  **Contact Person (If different from above):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact no. on SIS appointment date: \_\_\_\_\_\_\_\_\_\_\_\_\_**  **Preference of interpreter: □ Female □ Male □ Either** | | | | | | | |
| **Background information about the assignment**  *(Please fax relevant materials such as application form together with this form if appropriate. CHEER reserves the right to decline an assignment which requests our interpreters to sign any documents on-site)* | | | | | | | |
| **Payment methods**  **(🗸 the appropriate statement)** | | | **Payment fee will be paid □ by cash/ cheque to CHEER’s interpreter**  **□ by cheque sent to CHEER’s office** | | | | |
| **IMPORTANT NOTES:**  **SIS is to convey messages from English to the requested spoken language and vice-versa during interpretation session. Sight interpretation from EM languages to English & translation between English to EM languages will not be rendered.**  Operation hour : ***HK$150 per hour for Government Departments (Fees are waived- For NGOs and Schools)***   * *The charge of SIS is counted in 30 minutes per unit i.e.HK$75 (for 30 minutes during operation hour)* * *Minimum time for a SIS is 30 minutes; time less than 30 minutes will be counted as 30 minutes. If the SIS finishes prior to the scheduled ending time, full payment will be charged.* * *Availability and fee for any request for SIS during anytime out of the above operation hours will be considered case by case. Normally, a higher rate will be charged for service provided in non-operation hours.Please contact us to confirm availability of the interpreter if the scheduled SIS is expected to overrun. We may not be able to give interpretation support during the extended period if no prior notice is made. Services provided during the extended period will be charged accordingly.*   **If you need an invoice, please tick here □ If you need an official receipt, please tick here □** | | | | | | | |
| **Office Use Only** | | **Confirmed SIS by: \_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_(Date) at \_\_\_\_\_\_\_\_\_\_\_(Time)**  **Name of Interpreter booked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| Signed by | : |  | | |  | Agency Chop: |
| Name of Officer | : |  | | |  |
| Date | : |  | | |  |