**Hong Kong Christian Service CHEER**

**即場傳譯服務申請表**

**On-site Interpretation Service (OIS) 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.email)** at least **3 working days in advance**. We will reply you via email within 24 hours.

Information provided will be disclosed to our assigned interpreters and authorized staff of CHEER for the purpose to follow 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: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: □ Female □ Male**  **\*Language Spoken: □ Bahasa Indonesia □ Hindi □ Nepali □ Punjabi □ Tagalog □ Thai □ Urdu**  **□ Vietnamese** | | | | | | | |
| **Date needing OIS: Please state your preferred dates & time below.**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **1st** | **Date: \_\_\_(dd)/\_\_\_(mm)/\_\_\_(yy)**  **Time:\_\_\_ AM/PM to \_\_\_AM/PM** | **2nd** | **Date: \_\_\_(dd)/\_\_\_(mm)/\_\_\_(yy)**  **Time:\_\_\_ AM/PM to \_\_\_AM/PM** | **3rd** | **Date: \_\_\_(dd)/\_\_\_(mm)/\_\_\_(yy)**  **Time:\_\_\_ AM/PM to \_\_\_AM/PM** |   **Meeting Place: \_\_\_\_\_(room)\_\_\_\_(floor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(building) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(street/road)\_\_\_\_\_\_\_\_(district)**  **□ New Territories □ Kowloon □ Hong Kong Preference of interpreter: □ Female □ Male □ Either**  **Contact Person (If different from above):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Tel. on appointment date: \_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| **Background information about the assignment**  *(Please fax/ email relevant materials such as service description, application form together with this form if appropriate)* | | | | | | | |
| **Payment methods, please🗸** | | | **Payment method:□ by cash/ cheque to CHEER’s interpreter □ by cheque sent to CHEER’s office** | | | | |
| **\*IMPORTANT NOTES: OIS 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$ 100/hr for Government Departments (Fees are waived for NGOs and all non- profit-making kindergartens, primary and secondary schools, colleges as listed in the EBD);*** Non-operation hour: ***HK$200/hr for Government Departments,*** non-operation hour rates apply to session starts or ends outside of our operation hours. ***(Fees are waived for NGOs and all non- profit-making kindergartens, primary and secondary schools, colleges as listed in the EBD) - Please consult staff about the fees for the private sector.***  *- Minimum time for an OIS is 30 minutes; time less than 30 minutes will be counted as 30 minutes. If the OIS finishes prior to the scheduled ending time, full payment will be charged.*  *- Please contact us to confirm availability of the interpreter if the scheduled OIS 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 more than 1 OIS will be conducted by the same interpreter on the same date, you are suggested to arrange a 10-minute break between each OIS.*  *- To ensure the best quality of interpretation, each OIS should not last more than 1.5 hour.*  **If you need an invoice, please tick here □ If you need an official receipt, please tick here □** | | | | | | | |
| **Office Use Only** | | **Confirmed OIS by: \_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_(Date) at \_\_\_\_\_(Time)**  **Name of Interpreter booked:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Service charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| Signed by | : |  | | |  | Agency Chop: |
| Name of Officer | : |  | | |  |
| Date | : |  | | |  |

09/2021