**Appendix X: Sight Translation Service for Service Providers Request Form**

**(給予公共服務提供者的視譯服務申請表)**

**Hong Kong Christian Service CHEER**

**Sight Translation Service (STS) for Service Providers 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)** or fill in the **online application form (**[**https://tis.hkcscheer.net/sts/request/guest**](https://tis.hkcscheer.net/sts/request/guest) **)** at least **7 working days in advance**. We will reply you via email within 7 working days.

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 🞏 Labour 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 Details:**  **Brief description of document:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Language: □ Bahasa Indonesia □ Hindi □ Nepali □ Punjabi □ Tagalog □ Thai □ Urdu □ Vietnamese** | | | | | | |
| **Expected date of completion Date \_\_\_\_\_(DD)/\_\_\_\_\_(MM)/\_\_\_\_\_(YY)** | | | | | | |
| **\*IMPORTANT NOTES:**  Sight translation service provides verbal interpretation of documents in one of the 8 languages to English. The sight interpretation service of documents/ certificates does not include written translation or notarization/ certification by CHEER. Documents for sight translation should be no more than 2 A4 pages. This service is free of charge. | | | | | | |
| **Office Use Only** | | **Confirmed STS Appointment by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on\_\_\_\_\_\_(DD)/\_\_\_\_\_\_(MM)/\_\_\_\_\_\_(YY)**  **Name of Interpreter provided service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| *Interpretation will be between English and one of the EM languages.* | | | | | | |
| Signed by | : |  | |  | Agency Chop: |
| Name of Officer | : |  | |  |
| Date | : |  | |  |
|  |  |  | |  |