

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>) 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: _____ <i>This number will be issued by CHEER.</i>	Agency code (If Any): _____ This code will be assigned by CHEER
Type of Organization: <input type="checkbox"/> Education Bureau <input type="checkbox"/> Department of Health <input type="checkbox"/> Housing Department <input type="checkbox"/> Labour Department <input type="checkbox"/> NGO <input type="checkbox"/> School <input type="checkbox"/> Social Welfare Department <input type="checkbox"/> 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: <input type="checkbox"/> Bahasa Indonesia <input type="checkbox"/> Hindi <input type="checkbox"/> Nepali <input type="checkbox"/> Punjabi <input type="checkbox"/> Tagalog <input type="checkbox"/> Thai <input type="checkbox"/> Urdu <input type="checkbox"/> 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 : _____
Name of Officer : _____
Date : _____

Agency Chop: