

# Hong Kong Christian Service CHEER

## 給予公共服務提供者的視譯服務申請表

### Sight Translation Service (STS) for Service Providers Request Form

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 this sight translation should be no more than 2 A4 pages. This service is free of charge.

In the case you wish to request STS via means other than calling the TELIS hotlines, you can fax the completed form together with your agency's chop and your signature to **fax (No.: 3106 0455) or email ([tis-cheer@hkcs.email](mailto:tis-cheer@hkcs.email))** 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 to follow up your request.

<b>Case Reference number:</b> _____ <i>This number will be issued by CHEER.</i>	<b>Agency code(If Any):</b> _____ This code will be assigned by CHEER
<b>Type of Organization:</b> <input type="checkbox"/> Education <input type="checkbox"/> Health <input type="checkbox"/> Housing <input type="checkbox"/> Immigration <input type="checkbox"/> NGO <input type="checkbox"/> School <input type="checkbox"/> Social Welfare <input type="checkbox"/> Employment <input type="checkbox"/> Others: _____	
<b>Organization Information: (Compulsory for organizations without Agency Code)</b> <b>Name:</b> _____ <b>Unit/ Section:</b> _____ <b>Address:</b> _____ <b>Tel:</b> _____ <b>Fax:</b> _____	
<b>Enquirer Information:</b> <b>Name:</b> _____ <b>Post:</b> _____ <b>Email:</b> _____ <b>Tel (If different from above):</b> _____ <b>Fax (If different from above):</b> _____	
<b>Service Details:</b> <b>Brief description of document:</b> _____ <b>Language:</b> <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	
<b>Expected date of completion Date</b> ____ (DD)/ ____ (MM)/ ____ (YY)	
<b>Office Use Only</b>	<b>Confirmed STS Appointment by:</b> _____ on ____ (DD)/ ____ (MM)/ ____ (YY) <b>Name of Interpreter provided service:</b> _____

*Interpretation will be between English and one of the EM languages.*

Signed by : \_\_\_\_\_  
Name of Officer : \_\_\_\_\_  
Date : \_\_\_\_\_

Agency Chop:

09/2021