All Graduates
INTERPRETING & TRANSLATING
ABN: 48 649 682 201

NSW FREELANCE INTERPRETER APPLICATION

Please answer all questions

Name: ……Surname: ……

Business Name / Company name, ABN & ACN (if applicable) ……

ABN/ACN: ……

Address (postal) .....……

Telephone (home): ……Telephone (work): ……

Facsimile: ……..Mobile ……Email: .....……

Your hours of availability (24 hour basis):

Monday:	Monday:
Tuesday:	Tuesday:
Wednesday:	Wednesday:
Thursday:	Thursday:
Friday:	Friday:

Please state all times you would be available. We will not call you on the days that you have specified as not available.

Interpreting **Translating**

Indicate language(s), Accreditation Level and Direction of Accreditation

1…… 1……..

2…….. 2……

Other qualifications and specific training in interpreting/translating, *ie Deakin University course, RMIT, TAFE etc.*

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Are you interested in telephone interpreting? yes [ ] no [ ]
Do you have or have access to a car? yes [ ] no [ ]
Do you have a computer? PC [ ] Mac [ ] yes [ ] no [ ]

Signature:…….. Date: ……

Melbourne

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