

Title: Mr/Mrs/Miss/Ms/Dr etc.		Last Name:		First Name:	
Address:				Town/City:	
Post Code:		County:		Country:	
Tel 1:			Answerphone available?		
Tel 2:			Fax:		
Email 1:			Mobile:		
Email 2:			Website address:		

Nationality:		Language of habitual use:	
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INTERPRETING

Language Combinations		Types of Assignment Undertaken	
Language A:	Language B:		(please tick)
		Simultaneous	<input type="checkbox"/>
		Consecutive	<input type="checkbox"/>
		Business / Ad Hoc	<input type="checkbox"/>
		Public Service	<input type="checkbox"/>
		Telephone Interpreting	<input type="checkbox"/>
		Voice-Overs	<input type="checkbox"/>
		Cultural Briefings	<input type="checkbox"/>
		Other (please specify)	<input type="checkbox"/>

Rates charged: (please specify currency)				
	Per Hour	Per Half Day	Per Day	Min Charge
Simultaneous				
Consecutive				
Business / Ad Hoc				
Public Service				
Voice-Overs				
Cultural Briefings				
Other				
	Per Second	Per Minute	Per Hour	Min Charge
Telephone Interpreting				

Please indicate how many hours you class as a:	Half Day	<input type="checkbox"/>	Day	<input type="checkbox"/>	Minimum Charge Job	<input type="checkbox"/>
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Please give your travelling time charge:	
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Please indicate any additional charges, giving details: (e.g. "Overtime after 6pm")	
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Please indicate your cancellation policy:	
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Your availability for work (please tick as many as apply):			Other arrangements: (please specify)
Office hours <input type="checkbox"/>	Evenings <input type="checkbox"/>	Weekends <input type="checkbox"/>	

State your highest interpreting qualification:		Membership of professional interpreting bodies: (e.g. ITI, IOL, NRPSI, etc.) Please state from when (year)	
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For how many years have you been an interpreter and how many assignments have you completed in the last year?		Specialist areas / preferred subjects (and subjects avoided):	
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Please enter below the names and contact details of 2 professional referees for whom you have worked in the last 6 months and who we can contact about your professional interpreting work. Tutors / lecturers are not acceptable as referees. Your referees will be asked to provide a reference before we can start to use your services.

Referee 1:		Referee 2:	
Position:		Position:	
Company:		Company:	
Address:		Address:	
tel:		tel:	
fax:		fax:	
email:		email:	

PAYMENT TERMS	
Our payment terms are 30 days from when we receive your invoice. We prefer to accept e-invoices. Our preferred payment methods are bank transfer (UK), PayPal or Moneybookers.	
PayPal email	
Moneybookers email	
If you would like to be paid by bank transfer, please include your bank's sort code and your account number on your invoice. Please enquire about payments to non-sterling bank accounts.	

Please ensure you have completed all sections of the form – enter N/A for any sections which are not applicable to you.

Please send this form to info@syntacta.co.uk along with:

- your CV (if you have not already done so)
- scanned copies of relevant certificates – indicating highest qualification achieved and membership of relevant professional bodies