

Title: Mr/Mrs/Miss/Ms/Dr etc.		Last Name:		First Name:	
Address:				Town/City:	
Postcode:		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"/>

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		Day		Minimum Charge Job	
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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) or PayPal. Please enquire about payments to non-sterling bank accounts. Always include your preferred payment method and payment details on your invoices.

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

Please download, complete and return 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