

Appendix VI: SIS Request Form (即時傳譯服務申請表)

Hong Kong Christian Service CHEER Simultaneous Interpretation Service (SIS) 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)** at least **21 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.

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"/> Immigration 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 User Information: Name: _____ Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male *Language Spoken: <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 (Please attach an attendance list if available)		
Date needing SIS: Please state your preferred dates & time below.		
1st Date: ___(dd)/___(mm)/___(yy) Time: ___ AM/PM to ___ AM/PM	2nd Date: ___(dd)/___(mm)/___(yy) Time: ___ AM/PM to ___ AM/PM	3rd Date: ___(dd)/___(mm)/___(yy) Time: ___ AM/PM to ___ AM/PM
Meeting Place: ___(room)___(floor)___(building)___(street/road)___(district) <input type="checkbox"/> New Territories <input type="checkbox"/> Kowloon <input type="checkbox"/> Hong Kong Preference of interpreter: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Either		
Contact Person (If different from above): _____ Contact Tel. on appointment date: _____		
Background information about the assignment <i>(Please fax/ email relevant materials such as service description, application form together with this form if appropriate. CHEER reserves the right to decline an assignment which requests our interpreters to sign any documents on-site)</i>		
Payment methods, please <input checked="" type="checkbox"/>	Payment method: <input type="checkbox"/> by cash/ cheque to CHEER's interpreter <input type="checkbox"/> by cheque sent to CHEER's office	
*IMPORTANT NOTES: SIS is to convey messages from English to the requested spoken language and vice-versa during interpretation session. Sight interpretation from EM languages to English & translation between English to EM languages will not be rendered. Operation hour : HK\$150/ hr for Government Departments (Fees are waived for NGOs and all non- profit-making kindergartens, primary and secondary schools, colleges as listed in the EBD) Non-operation hour: HK\$300/hr for Government Departments , non-operation hour rates apply to session starts or ends outside of our operation hours. <i>(Fees are waived for NGOs and all non- profit-making kindergartens, primary and secondary schools, colleges as listed in the EBD)</i> - Minimum time for a SIS is 30 minutes; time less than 30 minutes will be counted as 30 minutes. Full payment will be charged if the SIS finished before the scheduled time. - Availability and fee for any request for SIS during anytime out of the above operation hours will be considered case by case. Normally, a higher rate will be charged for service provided in non-operation hours. Please contact us to confirm availability of the interpreter if the scheduled SIS is expected to overrun. We may not be able to give interpretation support during the extended period if no prior notice is made. Services provided during the extended period will be charged accordingly.		
If you need an invoice, please tick here <input type="checkbox"/> If you need an official receipt, please tick here <input type="checkbox"/>		
Office Use Only	Confirmed SIS by: _____ on _____ (Date) at _____ (Time) Name of Interpreter booked: _____ Service charge: _____	

Signed by : _____
 Name of Officer : _____
 Date : _____

Agency Chop: