



SYDNEY HEALTH CARE INTERPRETER SERVICE

REQUEST FOR INTERPRETER BLOCK BOOKING

Please complete the following form and send to:

Sydney Health Care Interpreter Service

EMAIL: sydneyinterpreters@sswahs.nsw.gov.au or FAX: (02) 9515 9577

Hospital/Centre Requesting Block Booking: _____

Department/Service: _____

Location: _____

Language(s) required: 1. _____ 2. _____ 3. _____

Day Required: Monday Tuesday Wednesday Thursday Friday

Frequency (Weekly/fortnightly/monthly): _____

Time: From _____ To: _____

Date of first appointment: _____

Date of last appointment: _____

Any additional information:

Contact Person (please print): _____ **Position:** _____

Telephone: _____ **Email:** _____

Fax: _____

PLEASE NOTE:

- Requests are considered and allocated according to service demand and availability and must be approved by the Interpreter Service. Confirmation of requests will be forwarded by email should the block booking request be successful.
- If confirmed, you will be required to submit the 'Block Booking Attendee Form' at least 72 hours prior to the start of each block booking. Bookings will be cancelled if there are no attendees.
- If you need to cancel a block booking or reduce the time, please give 2 days' notice and contact the booking office via phone on: (02) 9515 0030 or email: sydneyinterpreters@sswahs.nsw.gov.au

APPLICATION FOR BLOCK BOOKING