



SYDNEY HEALTH CARE INTERPRETER SERVICE

REQUEST FOR GROUP INTERPRETING SESSION

Please complete the following form and email OR fax with three weeks' notice to:

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

Session Title: _____

Language: _____

Date: _____ Time: From _____ To: _____

Venue: _____

Speaker: _____

Organisation requesting group session: _____

Contact person for the booking: _____

Phone number(s): _____

E-mail: _____

**To enable us to provide you and the community with better service,
please supply the following information:**

1. **Target Audience Numbers:** _____ **Age Bracket:** _____

Level of Education: _____

2. **Setting:** Formal Informal

3. **Presentation Outline:**
(Please include as much detail as possible)

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4. **Are there any Important terms** that will be used during the presentation?
E.g. Mitral valve, catatonic state, glucose intolerance test, stress ECG, FPA, intake procedure

Medical terms: _____

Tests: _____

Procedures: _____

Acronyms: _____

Jargon: _____

5. **Will there be references to any organisations or services?**
(E.g. Aged Care Assessment Team, Department of Community Services)

6. **Resources to be used during the session (please tick):**

Pamphlets/hand-outs

PowerPoint presentation

Official speeches

*All materials should be supplied at least 2 weeks prior to the session by emailing
sydneyinterpreters@sswahs.nsw.gov.au
If a video is to be presented, arrangements need to be made for the interpreter to view it.*

OTHER INFORMATION YOU MAY WISH TO PROVIDE:

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