

Interpreter Booking Request Form

Please return completed forms to SLHD-Interpreters@health.nsw.gov.au. Requests may not be accepted if received with less than 7 days' notice. All fields on this form must be completed.

Type of interpreting required (please tick one):

Prebooked phone – what number would you like us to call on the day? _____
 Face to face
 Home visit with face to face interpreter
 Video conference – please complete the questions in the yellow highlighted field below
 Home visit via video conference – please complete the questions in the yellow highlighted field below.

Video conference set up:

- Which platform would you like to use? PEXIP (go to Q2) /Other (go to Q3)
- If using PEXIP, would like to use your PEXIP VMR? Yes/No
If yes, what is your VMR number? _____
- If other, please state Platform and provide instructions on how interpreters can access.

Language:	Appointment Date:
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Appointment Start Time:	Appointment End Time:
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Are you flexible with appointment date and/or time? Yes/No
If yes, what are the alternative times you are available?

Facility/Hospital:	Location (ward/clinic/patient's address if home visit):
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Contact Person's full name:	Contact Person's phone number:
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Contact Person's email address:	Health Care Provider's name:
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Medical Reason:	What is this appointment for?
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Any other information/special requirements?

PATIENT DETAILS

Surname:	Given name (s):
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MRN:	DOB:
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Phone number: (for prebooked phone appointments where SHCIS needs to connect a conference call)	Gender: (please circle) Male/Female
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BOOKING OFFICER TO COMPLETE

Booking number:	Booked date and time:
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