



Wesley Interpretation Services
INTERPRETER REQUEST FORM

Date Submitted:

Organization & Program:

Address:

Contact Person:

Phone number:

INTERPRETATION REQUEST DETAILS

Type of Interpretation:

On-site

Telephone

Message Relay*

Language Requested:

Certified Preference:

Certified

Non-Certified

Gender Preference:

Male

Female

N/A

*For message relay please attach a document with information or script. There is a 15 minute maximum per call.
 Please note: on-site and telephone interpretation have a minimum of 1.5 hours

ASSIGNMENT DETAILS

Date of Assignment:

Time of Assignment:

Start Time:

End Time:

Address of Assignment:

Nature of Assignment:

Parking Information:

CLIENT DETAILS

Client(s) Name:

Client Phone Number:

Phone Call:

Does the interpreter need to call the client?

YES

NO

Additional Notes:

Please email the request to interpretation.services@wesley.ca
 For more information please call 905-528-5629 Ext. 302

For Administration

Approval Signature: _____ Date Approved: _____ Interpreter Assigned: _____

Interpreter Rate: _____ Service Provider Rate: _____ Project: _____ Assignment #: _____