



**Wesley Interpretation Services**  
**INTERPRETER REQUEST FORM**

Date Submitted:

Organization & Program:

Address:

Contact Person:

Phone number:

**INTERPRETATION REQUEST DETAILS**

Type of Interpretation:	On-site	Telephone/Virtual	Message Relay
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Language Requested:

Certified Preference:	Certified	Non-Certified	N/A
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Gender Preference:	Male	Female	N/A
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On-site and telephone interpretation have a minimum of 1.5 hours.

The requesting program will be billed for the parking fees.

A \$5.00 fee will be charged for any confirmation or cancellation calls.

For message relay please attach a document with information or script. There is a 15-minute maximum per call.

**ASSIGNMENT DETAILS**

Date of Assignment:

Time of Assignment:	Start Time:	End Time:
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Address of Assignment:

Nature of Assignment:

Parking Instructions:

**CLIENT DETAILS**

Client(s) Name:

Client Phone Number:

Confirmation Phone Call:	Does the interpreter need to call the client?	YES	NO
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Additional Notes:

Please email the request to [interpretation.services@wesley.ca](mailto: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: \_\_\_\_\_ Program Code: \_\_\_\_\_