INTERPRETER/TRANSLATOR APPLICATION FORM

Global Translation Services 470 Witton Road Aston Birmingham B6 6SN 會 0121 686 2957 島 0121 240 8299

PERSONAL DETAILS

Title: Mr	Mrs	Miss	Ms	Dr	Other	 (Please state)
(please c	ircle)					

Date of Birth:	Place of Birth:

First Name:	Surname:
Address:	
Post Code:	
Telephone Number:	Mobile Number:
Fax Number:	E-mail:

Gender (Male/Female):	Mother Tongue Language:

WHICH POST ARE YOU APPLYING FOR? (please tick relevant box)

Interpreter
Translator
Telephone Interpreter

BSL

PLEASE LIST ANY OTHER LANGUAGES YOU SPEAK FLUENTLY

Complete this section if you are applying for the <u>Interpreter post ONLY</u>

1.	DO YOU HAVE A	FULL DRIVI	NG LICENSE? (applicable to Interpreters ONLY)
	Yes?	No ?	
2.	ARE YOU DPSI O	QUALIFIED?	(Diploma Public Service Interpreting)
	Yes?	No ?	(if yes please attach copies of qualifications)
3.	DO YOU HAVE A	WORK PERI	MIT?
	Yes?	No ?	(if yes please attach a copy of your work permit)
4.	DO YOU HOLD A	VALID DBS	CHECK?
	Yes?	No ?	(if yes please attach a copy of your disclosure certificate)

LINGUST QUALIFICATION (please tick relevant box)

Community Interpreting Leve	el 1 🗖 Community Interpreting Level 2 📮 Community Inte	erpreting
Level 3 DPSI Health	DPSI Law DPSI Local Government Metropolitan	Police
Test IOL Bilingual Skills Ce	ertificate UKBA Test BA Interpreting	
MA Interpreting BA Tra	anslations & Interpreting 🔲 MA Translations & Interpreting	
BA Translations MA Tr	anslation	

PROFESSIONAL MEMEBERSHIPS

APCI	ASLI	IIC	IOL	ITI	NRCPD	NRPSI	Proz	UKBA

SPECIALIST AREAS (please list, for example, health, law local government etc)

1.	5.
2.	6.
3.	7.
4.	8.

TECHNICAL RESOURCES (please tick relevant box for Translators ONLY)

Word	JPEG	Other (please state below)
Excel	GIF	
Power - Point	Fax	
PDF	P.C.	

Complete this box if you are applying for the Interpreter post ONLY AVAILABILITY

Monday	am	pm
Tuesday	am	pm
Wednesday	am	pm
Thursday	am	pm
Friday	am	pm

REFEREES (please give two contact details of your referees)

Name	
Organisation	
Address	
Tele No.	

Name	
Organisation	
Address	
Tele No.	

GTS must ensure that all interpreters contracted through our company who carry out any interpreting assignments must have as a minimum the following vaccinations:

	Yes	No
Rubella		
Varicella		
Hepatitis B		
Tuberculosis		

ANY OTHER INFORMATION (please state any other information you feel will support your application)

CONFIDENTIALITY AGREEMENT:

If you are selected to work for Global Translation Services as freelance Interpreter/Translator, you will be required to abide by our confidentiality agreement. Please sign the agreement below.

I, the undersigned, undertake that I shall not disclose to a third party any information or part of it which I may acquire in the course of the performance of services for Global Translation Services. I have read and				
understand the code to good practice and will follow these guidelines at all times. I am aware that if I fail to follow these guidelines my position with Global Translation Services will be affected.				
Date:/ Print Name: Signature:				