



Interpreter Booking Request Form

Please email the <u>electronically</u> completed form to SLHD-Interpreters@health.nsw.gov.au. Do not use this form if your request is within the next 7 (seven) days. Call us on 1800 477 233 instead.

Type of Interpreting Required

Face-to-Face	Book a phone interpreter if face-to-face is not available	
Telephone		c/ian's Number ent's Number
Video Conference	myVirtualCare Clinic Name Link Pexip Use SHCIS VMR Use Clinic VMR Zoom / Teams — Please forward the meeting invite to SLHD	-Interpreters@health.nsw.gov.au
Home Visit ———— Address		
Appointment Details		
	Date * Start Time *	Finish Time *
		Finish Time * ative Date & Time 3
Language *		
Language * I	Alternative Date & Time 2 Altern	
Language * I	Alternative Date & Time 2 Altern Additional Info / Special Requirements	

 Patient Details

 MRN *
 Surname *

 Given Name *

Contact Email *

Contact Person's Full Name *

Phone Number *