

Interpreter Booking Request Form

Please email the **electronically** 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 _____

Interpreter Service to connect all parties

Clinic/ian's Number

Clinic/ian to call interpreter

Patient's Number

Clinic/ian to call interpreter & patient

Video Conference _____

HealthDirect
or
MyVirtualCare

Clinic Name

Link

Pexip _____

Use SHCIS VMR

Use Clinic VMR

Teams _____

Please forward the meeting invite to the interpreter once booking is confirmed

Home Visit _____

Address

Appointment Details

Language *

Date *

Start Time *

Finish Time *

Alternative Date & Time 1

Alternative Date & Time 2

Alternative Date & Time 3

Purpose of Appointment *

Additional Info / Special Requirements

Location & Contact Details

Facility / Hospital *

Clinic / Ward / Department *

Health Care Provider's Title & Name *

Contact Person's Full Name *

Phone Number *

Contact Email *

Patient Details

MRN *

Surname *

Given Name *

Date of Birth *

Gender *