**Project „INFORMATION CENTRE FOR NEWCOMERS”  
Grant Agreement Nr. PMIF/12/2017/2/01**

**Interpretation service request form**

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| --- | --- | --- |
| Information about the requester | | |
| Name, Surname | The name and surname of the person who is requesting interpretation | |
| Phone No | The phone number of the person who requested the service | |
| E-mail | The email of the person who requested the service | |
| Institution represented | The name of the institution if applicable | |
|  | | |
| Information about interpretation service needed | | |
| Written | |  |
| Spoken | |  |
| Form of interpretation | | |
| In person | |  |
| Phone interpretation | |  |
| Skype / WhatsApp / Facebook ... | |  |
| Information for interpreter | | |
| Language: | | Please indicate the language and dialect |
| Name of institution: | | Please name the institution where interpretation is needed |
| Address: | | Please show precise address *Lāčplēša iela 75-9/10, Rīga* |
| Date: | | dd.mm.yyyy. |
| Time: | | 00.00 – 00.00 |
| Content of interpretation: | | Please indicate the topic of the conversation |
| Contact at the place of interpretation: | | Please give information about the contact person at the place of interpretation: |
| Name, Surname: | |  |
| Phone No | | Full phone number or Skype name |
| Email: | | If necessary |
| Other | | |
| Put any comments that might be relevant to ensure quality service, for example   * Details about reaching the address * Specific gender required * Safety measures etc. | |  |

Please send the filled form to „Patvērums „Drošā māja”” interpreters coordinator email [tulki@integration.lv](mailto:tulki@integration.lv)