**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.
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Please send the filled form to „Patvērums „Drošā māja”” interpreters coordinator email tulki@integration.lv