



**THE SINGAPORE ASSOCIATION FOR THE DEAF
INTERPRETATION SERVICE REQUEST FORM**

DB	INVOICE	BRKDOWN(2)	C/R	CAL

Date of Request:

Details of Interpretation Service			
Date ¹			
Time	From: _____ To: _____		
Setting (Please tick only one)	<input type="checkbox"/> Educational	<input type="checkbox"/> Employment Related	<input type="checkbox"/> Governmental
	<input type="checkbox"/> Institutes of Higher Learning	<input type="checkbox"/> Legal	<input type="checkbox"/> Media
	<input type="checkbox"/> Medical	<input type="checkbox"/> Personal/ Social	<input type="checkbox"/> Religious
	<input type="checkbox"/> SAdeaf	<input type="checkbox"/> Social Service Sector	
Nature (Please tick only one)	<input type="checkbox"/> Birthdays/Anniversary/Celebrations	<input type="checkbox"/> Conference/Dialogue/Forum/Seminar/Rally	<input type="checkbox"/> Counseling/Mediation
	<input type="checkbox"/> Course/Workshop	<input type="checkbox"/> Court	<input type="checkbox"/> DCCL
	<input type="checkbox"/> Deaf Awareness Program	<input type="checkbox"/> Discussion/Meeting	<input type="checkbox"/> Events/Exhibition
	<input type="checkbox"/> Excursion/Field Trip	<input type="checkbox"/> Police	<input type="checkbox"/> Presentation/Talk
	<input type="checkbox"/> Lectures/Tutorial/Practical/Lab	<input type="checkbox"/> National Broadcast	<input type="checkbox"/> ROM/ROMM
	<input type="checkbox"/> Tour	<input type="checkbox"/> Others (Please specify: _____)	
Description			
Venue			
Materials ²	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify details of material(s): _____		
Beneficiaries	No of Hearing: _____ No of Deaf: _____		
Remarks			

Deaf Client(s) Information	
Full Name	NRIC No: _____
Full Name	NRIC No: _____
Full Name	NRIC No: _____
Full Name	NRIC No: _____
Full Name	NRIC No: _____

*(If there are more than 5 clients, please provide a list with their FULL NAMES and NRIC number.)

Requester Information	
Requester Name	
Company Name	
Contact No	
Email Address	

Billing Information	
Interpretation Charges (per interpreter)	<input type="checkbox"/> Affiliates (SSD, SRCD, MVS): \$10/hour, minimum payable 3 hours. <input type="checkbox"/> Corporate: \$30/hour, minimum payable of 2 hours. <input type="checkbox"/> Governmental Bodies: \$30/hour, minimum payable of 2 hours. <input type="checkbox"/> Registered Client: \$10/hour, minimum payable of 3 hours. <input type="checkbox"/> Registry of Marriages: \$10/hour, minimum payable of 2 hours. <input type="checkbox"/> Tourist: \$50/hour, minimum payable of 2 hours. <input type="checkbox"/> Unregistered Client: \$30/hour, minimum payable of 2 hours. <input type="checkbox"/> Voluntary Welfare Organization: \$20/hour, minimum payable of 2 hours. <input type="checkbox"/> \$30 Levy Charge <input type="checkbox"/> \$10 Levy Charge

Billing Address <small>*(leave blank if same as requester)</small>	
Name	
Contact No	

¹A **levy of S\$30.00** may be imposed for request given at short notice. Please read Terms & Conditions attached for more information.

² Request with no materials provided may not be processed. Materials may include: Emcee Script(s), Guest of Honour speech, event programme details, Minutes of the meeting, Agenda, Course materials, lesson notes, or any other description.

Terms & Conditions	
1	Requests for interpretation services shall be made on the standard Interpretation Service Form from The Singapore Association for the Deaf (SADeaf).
2	Requestors shall be required to attach any relevant documents/materials in the submission of Application form. SADeaf shall reserve the right to reject applications without supporting documents/materials.
3	Requestors shall be advised to submit their requests at least seven days in advance. A levy of S\$30.00 may be imposed for request given at short notice.
4	Requestors shall inform SADeaf on the preferred sign system and/or spoken language(s) used by the Deaf and/or Hearing clients(s) where possible.
5	Usage of interpretation service will be rounded up to the next whole hour for each assignment per day during billing.
6	Interpreters shall not be obliged to wait for more than an hour for the client upon arrival at the assigned location. If the client did not turn up, the minimum interpretation charge shall still be chargeable.
7	Cancellation of service shall be done at least one working day prior to the assignment.
8	If the interpretation service were cancelled in less than one working day in advance, but more than two hours before the appointed time, a levy of S\$10.00 shall be imposed.
9	If the interpretation service were cancelled less than two hours before the appointed time, the minimum interpretation charge shall still be chargeable.
10	All requests shall be processed within three working days. However, the interpreter assigned shall be made known to the requestor only three days prior to the appointed date.
11	Invoice shall be mailed to the requestor upon completion of the interpretation service.
12	SADeaf may reasonably reject a request or withdraw an application with a written notice at least three working days prior to the appointed date.
13	SADeaf may reasonably alter or amend the Terms & Conditions and the interpretation charges at any time at its own discretion with prior notice upon receipt of request.

I hereby declare that I have read and agree to the Terms & Conditions stated above, and have checked and confirmed that the information and materials given to SADeaf is true and correct to the best of my knowledge.

Signature of Requestor: _____

Date: _____

Post Interpretation Details		
Interpreter(s)		
Time Log	From:	To:
Beneficiaries	No. of Hearing:	No of Deaf:

Acknowledgement of Service:

Signature

Name

Date

For Official Use Only

Remarks: