

DEAF PERSON'S DETAILS

INTERPRETER BOOKING FORM

For Health Care Practices

FAX: 1800 246 914 EMAIL: bookings@nabs.org.au HOURS: 8am - 6pm, Mon - Fri

$D \cap B$ Deaf Person's Name.

Dear Cross Name.				
Does Deaf person have a NDIS Registration Number?			Number:	
Deaf Person's Contact	t Details:			
(SMS, Email, Phone, Fax, TTY – please circle)				
The Deaf Person is:		ent	Family of patient Carer of patient	☐ A Child ☐ Parent of patient
Is the Deaf Person:	Deaf only	/	Deaf and Blind	
Is Deaf person Aboriginal or Torres Strait Islander: Aboriginal		al	Torres Strait Islande	er
APPOINTMENT DE	TAILS			
Appointment:	Day:	_ Date:	Month:	Year:
	Start time: Finish Time:			
Doctor's Name:				
Clinic/Surgery Name:				

SO WE CAN CONTACT YOU (if required)

(Phone, Fax, Email)

(e.g. GP, Cardio, Eye, Urology, Physio)

Preferred Interpreter:

(To be completed by the person filling in this form)

Contact Details:

Type of Appointment:

Your Name: _____ Position: _____

Is this a request for a Video Remote Interpreting appointment? (i.e. Skype, FaceTime)

Appointment Address:

Phone Number: ____ Email: _____

Date Confirmed: ______ Allocated Interpreter: _____

Note: Costs may apply when: -

NABS Use Only

NAATI Level:

- Booking is cancelled by either Practice or Client with less than 24 hours notice or 1 business day
- An interpreter arrives at a booking which has been cancelled without NABS being notified
- A client does not attend appointment ('no show')

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Return Kms:

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