## INTERPRETER BOOKING FORM TO NABS Fax – 1800 24 69 14



Your booking will be processed in office hours: 8am to 6pm Monday to Friday

My Name					
My SMS/Fax/TTY					
NDIS Participant N (Fill in if you have an NDIS f		e)			
Practice Name	-				
My Doctor Name					
Doctor Address					
Doctor Phone Num	nber				
Day see Doctor	Mon / Tu	e / Wed / Th	u / Fri / Sa	it / Sun (p	olease circle)
Date see Doctor		/		/	
Time see Doctor					am / pm
Preferred Interpre	ters:**				
Is this a Video Rem	note Intern	Or ANY Interp		(please tick)	s No
(If Yes, you or Doctor will	•	•	•	ı: ie	3   110
**PLEASE NOTE** NABS	will make all re	easonable efforts to	provide an int	terpreter bas	ed on your

particular needs, local availability and cost.

Cancellation Policy. Applicable fee charged to fee paying clients, including NDIS participants, if:

- Booking is cancelled by either Practice, Client or third party 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')

The National Auslan Interpreter Booking and Payment Service (NABS) respects the privacy of all persons who utilise its functions and services. We are bound by the <u>Australian Privacy Principles</u> (APPs) in the <u>Privacy Act 1988</u> (which regulates how organisations may collect, use, disclose and store personal information and how individuals may access and correct personal information held about them. To view the privacy statement, see <a href="http://www.nabs.org.au/nabs-guidelines.html">http://www.nabs.org.au/nabs-guidelines.html</a>

## NDIS Participants:

- I am an NDIS Participant
- I have interpreting included in my NDIS Package
- I understand my NDIS Package will be used to pay for the requested service