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 Number ____________________________________________
(Fill in if you have an NDIS funding package)

Practice Name ____________________________________________

My Doctor Name ____________________________________________

Doctor Address ____________________________________________

________________________________________

Doctor Phone Number ____________________________________________

Day see Doctor Mon / Tue / Wed / Thu / Fri / Sat / Sun (please circle)

Date see Doctor __________ / __________ / __________

Time see Doctor ________________ am / pm

Preferred Interpreters: **

________________________________________

________________________________________

________________________________________

Or ANY Interpreter□ (please tick)

Is this a Video Remote Interpreting (VRI) appointment? □ Yes □ No
(If Yes, you or Doctor will need Skype account or FaceTime)

**PLEASE NOTE** NABS will make all reasonable efforts to provide an interpreter based 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 Australian Privacy Principles (APPs) in the Privacy Act 1988 (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 http://www.nabs.org.au/nabs-guidelines.html

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

Last updated: V8 18/05/2017
Updated By: NABS Communications