INTERPRETER BOOKING FORM
For Health Care Practices

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

DEAF PERSON’S DETAILS

Deaf Person’s Name: ___________________________________ DOB: ___________________

Does Deaf person have a NDIS Registration Number? Number: ______________________

Deaf Person’s Contact Details: ____________________________________________________
(SMS, Email, Phone, Fax, TTY – please circle)

The Deaf Person is:  ☐ The Patient  ☐ Family of patient  ☐ A Child
☐ Carer of patient  ☐ Parent of patient

Is the Deaf Person:  ☐ Deaf only  ☐ Deaf and Blind

Is Deaf person Aboriginal or Torres Strait Islander:  ☐ Aboriginal  ☐ Torres Strait Islander

APPOINTMENT DETAILS

Appointment:  Day: ___________ Date: _______ Month: ______________ Year: ________

Start time: ______________ Finish Time: ______________

Doctor’s Name: ______________________________________________________________

Clinic/Surgery Name: __________________________________________________________

Appointment Address: __________________________________________________________

Contact Details: ______________________________________________________________
(Phone, Fax, Email)

Type of Appointment: __________________________________________________________
(e.g. GP, Cardio, Eye, Urology, Physio)

Preferred Interpreter: ____________________________________________________________________

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

SO WE CAN CONTACT YOU (if required)
(To be completed by the person filling in this form)

Your Name: ____________________________ Position: ____________________________

Phone Number: __________________________ Email: ____________________________

NABS Use Only

Date Confirmed: ____________________________ Allocated Interpreter: __________________________
NAATI Level: ____________________________ Return Kms: ____________________________

Cancellation Policy. Applicable fee charged to fee paying clients, including NDIS participants, if:
- Booking is cancelled by either Practice, Client or 3rd 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

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