Word4Word Translation Services Ltd

$143\ St.\ John's\ Road,\ Huddersfield,\ West\ Yorkshire,\ HD1\ 5EY$

Tel: 01484 519666 Fax: 01484 519306 Website: www.lglanguageservices.co.uk Email: enquiries@lglanguageservices.co.uk

Title:			
First Name(s):			
Surname:			
Address:			
	Post code:		
Date of Birth:	Sex: Male/Female		
National Insurance Number:			
Tel. Home:	Work:		
Mobile No:			
Email Address:			
Do you have your own transport? Yes	/ No		
Do you require a work permit to work in If yes, please provide details:	in the UK? Yes / No		
*In accordance with the Asylum and Immigration Act (1996) Word4Word Translation Services Ltd may require you to prove your eligibility to work in the UK.			
Are you on the National Register of Pu	blic Service Interpreters? Yes / No If yes,		
please give your registration number be	elow.		
Registration Number:			
Are you applying to register as: (Please	circle one or both options)		
An Interpreter	A Translator		

Do you have the IT software for the language(s) you wish to translate? Yes / No If yes, what is the name of the software?

Please state the language(s) you speak and/or write in addition to English. Use additional sheets if necessary.

	Language	Spoken Fluency Level (eg, native/fluent/ good)	Written (Please give language combinations, eg (language) into English, English into (language)
1	(Mother tongue)		
2			
3			
4			

Education Please give details of all qualifications obtained since leaving school including GCSEs.

Date	Qualification

Are you a member of any professional bodies? Yes / No If yes, please give details below and/or attach evidence.

Do you have any criminal convictions previous or pending? Yes / No If yes, please		
provide all relevant details.		

Do you have a current DBS (previously CRB) certificate? Yes / No If yes, please attach a copy.

Training. Please provide details of any relevant interpretation /translation training that have received.

Employment History. Please give your employment history including ll a interpretation /translation work whether paid or unpaid. Use extra f sheets i necessary.

Employer	Position	From	То

Other Information. Please give below any other information which you think may support your application. Use extra sheets if necessary.

Availability						
Mon	Tue	Wed	Thu	Fri	Sat	Sun
am	am	am	am	am	am	am
pm	pm	pm	pm	pm	pm	pm

References			
Please provide the names and addresses of two referees we may contact.			
Full Name:	Full Name:		
Address:	Address:		
Tel. No:	Tel. No:		
Email:	Email:		

Declaration:- The information which I have provided in this application form is true and accurate to the best of my knowledge and belief. I have read and understood the **Code of Conduct** and **Code of Ethics** provided by Word4Word Translation Services Ltd. I accept them and will comply with them fully. I agree to provide interpretation and/or translation services on a freelance basis with my own professional indemnity insurance if needed and understand that I will be responsible for my own National Insurance contributions and income tax.

Print Full Name	Date	Signature

FC	FOR OFFICE USE ONLY		
1	Appl recd:	Appl acknowledged:	
2	Referee 1 ref reqstd:	Referee 1 ref recd:	
3	Referee 2 ref reqstd:	Referee 2 ref recd:	
4	ID docs reqstd:	ID docs recd:	
5	DBS (if applic) reqstd:	DBS recd:	
6	Approved & added to LGMS:		