



**Oldham**  
Council

## REQUEST FOR INTERPRETERS

LANGUAGE REQUIRED:

TIME, DAY & DATE REQUIRED:

NAME OF THE CLIENT:

VENUE:

CONTACT NAME:

CONTACT TELEPHONE: 0161 770 4519

CONTACT FAX NO: 0161 770 3803

**SPECIAL REQUIREMENTS, (please tick applicable box):**

**Duration:** 30 minutes ☐ 1 hour ☐ 1.5 hours ☐ 2 hours ☐ 3 hours ☐

**Male** ☐ **Female** ☐ **DPSI** ☐ **Generic** ☐ **Review** ☐ **Continuation** ☐

**Health & Social Care** ☐ **Child Protection** ☐ **Follow up** ☐ **Home visit** ☐ **Education** ☐

Any other comment:-

Recharge WdY.

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**FOR OFFICE USE ONLY:**

BOOKING REFERENCE:

NAME OF THE INTERPRETER: