Dear User

Thank you for using Oldham Language Shop today. In order to provide a good service and train our interpreters properly we need your feedback about this session.

We would be grateful if you would fill in this form about the interpreter and return it in confidence by post or by fax directly to Oldham Language Shop at the address and fax number given below. Your co-operation is much appreciated.

Please write clearly and concisely.

Your name: ___________________________ Position: __________________
Organisation: __________________________ Department: __________________
Interpreter’s Name: ____________________ Language: __________________
Date of Assignment: ____________________ Time: ______________________
Purpose of the interview: ____________________________________________
_________________________________________________________________

Did the interpreter arrive on time? Yes No
If not how late was the interpreter? _____________________________________

Was the interpreter briefed before the start of the session? Yes No
If no, say why? ____________________________________________________

How would you summarise the interpreter’s strengths and weaknesses?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Please indicate your level of understanding of how you think that interpreter has performed in:

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<tr>
<th></th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Excellent</th>
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<tbody>
<tr>
<td>Spoken English</td>
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<tr>
<td>Understanding of subject matter</td>
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<td>Understanding of the job</td>
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<td>(Interpretation)</td>
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<td>Understanding of cultural issues</td>
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<td>Being courteous and understanding</td>
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<tr>
<td>Being a professional</td>
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What suggestions would you make for improving our Services?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Would you be willing to work with same interpreter again? Yes No
If not could you indicate why? (use separate sheet if necessary)
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Please return completed form to: Oldham Language Shop, Link Centre, 140 Union Street Oldham, OL1 1DZ Tel: 0161 770 4519, Fax: 0161 770 3803 Email: languageshop@oldham.gov.uk
IF YOU NEED MORE COPIES OF THIS FORM PLEASE CONTACT US AT OLS OR MAKE COPIES OF THIS FORM. THANK YOU!