**Date of Request Sent to WMO**

Your Organisation (please select from the drop down menu): Please choose from the list

Please specify Other Click here to enter text.

Service/ Department: Click here to enter text.

|  |
| --- |
| Type of Booking: (please tick as appropriate)1. Face to Face Appointment (interpreter attends the appointment in person, with the client) [ ]
2. Three-way Telephone Conference Call (between you, the client & interpreter) [ ]
3. Two-way Telephone Conference (client attends appointment in person, and you call interpreter) [ ]
 |
| 1. Translation of a Document, From: \_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_
2. Interpreter to contact client on your behalf to relay a message (please email the message) [ ]
3. Other (please state)
 |
|  |

**Language Requesting**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Interpreter Preference**: Choose an item.

**Day/Date Required**: Click or tap to enter a date.

**Time From**: \_\_\_\_\_\_\_\_\_\_ Choose an item. **To**: \_\_\_\_\_\_\_\_\_\_ Choose an item.

**Client or contact Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is the client required to attend the appointment in person**: Choose an item.

**Client Contact Number** (only complete this section if you have ticked Option 2, 3, or 5.)\_\_\_\_\_\_\_\_\_\_\_\_\_

**Venue if F2F appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Contact Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact Tel**: \_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_

**All requests must be sent to WMO via secure email** interpreter2@wmo.org.uk

**For all other enquires please contact WMO for further information or confirmation:**

Email: interpreter2@wmo.org.uk

Tel: **0151 792 5116**

**We require 24-hour notice for all cancellations, otherwise cancellation fees will be applied.**

**FOR WMO USE ONLY**

Interpreter’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interpreter is not available □

Confirmed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone □ Email □

Date and Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Information Recorded: □ AF issued: □