All Graduates
INTERPRETING & TRANSLATING
ABN: 60 131 569 134

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INDEPENDENT CONTRACTOR APPLICATION

Name: …… Surname: ……..

ABN/ACN: ……

Address (postal) .....……..

Telephone (home): ……Telephone (work): . ……....

Facsimile:.....……..Mobile ……..... Email: .....……..

Please indicate the hours of your availability for:

On-site Interpreting	**Telephone Interpreting**
Monday:	Monday:
Tuesday:	Tuesday:
Wednesday:	Wednesday:
Thursday:	Thursday:
Friday:	Friday:

Indicate your language(s), NAATI accreditation level and direction of accreditation and / or qualifications

Language 1……..……..

Language 2……..……..

Language 3……..……..

Qualifications: ……

Signature:……..**Date**: ……

Have you worked as an Interpreter for the Refugee and Migrant Review Tribunals in either NSW or VIC? Yes / No

If 'Yes' From _____ (year) to _____ (year)

Melbourne

Level 8, Suite 803, 343 Lt Collins Street
Melbourne VIC 3000

Ph: (03) 9605 3000
Fax: (03) 9600 0048

www.allgraduates.com.au
www.interpreterline.com.au

admin@allgraduates.com.au
admin@interpreterline.com.au

Sydney

Level 2, 50 York Street,
Sydney NSW 2000

Ph: 1300 134 746
Fax: 1300 134 251