

Association for New Canadians  
**Application Form for Translators and Interpreters**

Please note that the information you provide in this application will be kept confidential and is for use *only* by the Association for New Canadians. None of the information will be shared without your prior consent.

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Gender** Male  Female

**Mailing Address** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Contact Numbers** Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**Availability**

Please indicate the hours when you are generally available and are willing to be contacted for translation/interpretation services.

- Any time, any day
- Only at the times specified below

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Any Time

**Languages**

Please list the language(s) from which you are able to fluently translate or interpret to and from the English language.

Language	Translate (written word)	Interpret (spoken word)
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

**Work Authorization**

Are you legally eligible to work in Canada? Yes  No

**Experience**

Have you done translation or interpretation work before? If so, please give details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Educational background**

Do you have any diplomas, certificates or accreditations that you have completed? If so, please indicate below.

Diploma/Certificate/Program	Year Completed	Institution/Organization

**References**

Do you have any references who would be able to provide information about your experience as a translator/interpreter? If so, please indicate their name and contact information below.

Name	Organization	Telephone Number

**Referrals**

Do you know other people that may be interested in translating/interpreting?

(Please give names and numbers if you know someone who would like to be contacted by the A.N.C.)

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**Willingness to Provide Services**

Are you willing to provide services in all settings? (Typically, we receive requests from organisations such as the Provincial Court, RNC, RCMP, Citizenship & Immigration Canada, hospitals, etc.). If there is any place where you would NOT be comfortable to provide translation/interpretation services, please indicate below:

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<b>Staff Use Only: Additional Notes</b>	<input type="checkbox"/> Date Received: _____
	<input type="checkbox"/> Entered in database & mailing labels
	<input type="checkbox"/> Interviewed by _____ on _____
	<input type="checkbox"/> Referred to ANC by _____
	<input type="checkbox"/> Signed Code of Conduct & Confidentiality Form