

BEACON LANGUAGES

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APPLICATION FORM FOR SESSIONAL INTERPRETERS

Are you allowed to work in this country? Yes No No No					
(A) PERSONAL DETAI	LS (to be completed by all applicants)				
Surname (Dr / Mr/ Mr	Surname (Dr / Mr/ Mrs/ Ms):				
Other names:					
Address:	Address:				
		Post code:			
Nationality: Country of origin:					
Mother Tongue:					
Interpreting / translation language(s):					
Contact numbers: (Home): (Work):					
Mobile:	Fax: Email:				
(B) EDUCATION AND QUALIFICATIONS (please provide proof of your qualifications)					
O levels/ GCSE's or equivalent (please write down the subjects)					
A levels or equivalent (please write down the subjects)					
Degrees (please specify)	(1)				
	(2)				
	(3)				
Immigration Appellate	Authority 🗌	Languages:			
Home Office Assessment		Languages:			
NVQ Level 2 / Level 3 in Interpreting		Languages:			
Bilingual Skills Certificate: Full certificate Letter of credit		Languages:			
Diploma in Public Service Interpreting: Full Diploma Letter of credit		Languages:			
Metropolitan Police Test: Full certificate Letter of credit		Languages:			
Diploma in Translation: Full Diploma 🗌 Letter of credit 📗		Languages:			
Other professional qualifications [(please specify)					

(C) RE	LEVANT EXPERIENCE AND	LANGUAGE PROFICIEN	ICY			
(1)	Experience in interpreting:					
		•••••		•••••		
	Please list these languages:					
	Have you have any experience in conference level interpreting? Yes No Have you attended any training in interpreting? Yes No					
	If yes, please give details and provide a copy of a certificate.					
		•••••		••••••••••		
(2)						
(2)	Experience in translation					
		•••••				
	Please list these language	·····				
	Have you attended any training in translation? Yes No No If yes, please give details					
	•••••	•••••				
(3)	Language Proficiency (Write as appropriate e.g. native, fluent, good, average, fair, not at all)					
	language	speaking	reading	writing		
				.L		
(D) MI	EMBERSHIP OF PROFESSIO	DNAL BODIES (please tick any	y box that applies)			
			l			
	Name of the professional body		Type of membershi (Full, Associate, Interim, Stude			
	Institute of Linguists					
	Institute of Translation &	Interpreting				
	Association of Police & C	Court Interpreters				
	North-West Translators	Network				

National Register of Public Service Interpreters

Others, please specify:

(E) EMPLOYMENT & TRAINING HISTORY

(1)	Paid employment you have had in the last 2 years (continue on a separate sheet if necessary).
(2)	Please list any unpaid or voluntary work you have done in the last 2 years that may support your application.
(3)	Training courses (other than interpreting and translation) you have completed in the past 2 years.
	NAME OF COURSE DATE COMPLETED

(1)	Other information:			
	Do you hold a current CRB check clearance?	Yes No (If yes, please send us a copy of the Clearance)		
	Do you already work as a police interpreter?	Yes No (If yes, please send us a copy of their letter)		
	Are you currently available to interpret during t	he day? Yes 🗌 No 🗌		
	Would you be willing to interpret over the phon	e? Yes 🗌 No 🗌		
	Would you be willing to interpret between 5pm	to 8am? Yes No No		
(2)	Any other relevant information you would like us to know in support of your application?			
(3)	Details of Professional Indemnity Insurance (n	ecessary for all translators and legal interpreters)		
	• •			
	Policy number:	Expiry date:		
(G) RE	EFERENCE			
Refere	ence information			
(NOTE: You must give details of at least two referees who are <u>not</u> friends or family. One of the referees <u>must</u> be you current/last employer and the other <u>must</u> be someone you have interpreted for). PLEASE COMPLETE ALL POSSIBLE DETAILS. FAILURE TO DO SO MAY RESULT IN DELAYS TO YOUR APPLICATION.				
REFER	REE 1	REFEREE 2		
Name:		Name:		
Compo	any:	Company:		
Addre	ess:	Address:		
Tel:		Tel:		
Fax:		Fax:		
Email:		Email:		
Occupational relationship:		Occupational relationship:		
Employment dates:		Employment dates:		
How did you come to know about the post? Declaration: I confirm that to the best of my knowledge the information given on this form is accurate and that I have not omitted any fact which may have any bearing on my application for employment.				
Signed	d:	Date:		

(F) OTHER RELEVANT INFORMATION