

SIN no

## **Interpreter Application Form**

Personal Information								
First name	Last name (family na	ame)	С	Date of birth (yyyy-mm-dd)		yy-mm-dd)	Place of birth	
Mailing address (number and street)		Apt. #	City	,		Province	Postal code	
Primary telephone number	Secondary telepho	one number Email address			1			
Status (please select one):  Canadian citizen Cana	ndian permanent reside	ent Oth	ner:					
The Immigration and Refugee Bo contract work that requires a co victim of sexual violence to be pro You are not required to self-ideal I identify as (gender):	ntractor of a specific ge ovided by someone of t ntify, however if you a	ender. For exa the same gen	ample, a ider.	reques	t may be	made for interpretation	on services	-
Language(s) of interpretation	n (spoken, read, an	nd written)	)				Official La	inguage(s)
List the languages you speak, read,	and write and select w	vhether you	can trans	slate it	to English	or French (or both)	English	French
Previous interpretation expe	erience							
Please select one:  No previous experience  Yes (list below in "interpretati	on employment or vol	unteer exper	rience")					
Some proceedings at the Immig vocabulary. This can include, for identity and expression, and sex knowledge, but specialized knowledge you have	example, knowledge ccharacteristics (SOGIE wledge may be used to	of medical, r ESC) termino	military, pology. Cor	gender ntracts	-based, r will be is	eligious, or sexual ori sued regardless of sp	entation, ge ecialized	ender
Knowledge of specialized terms	:							<del></del>
Medical terms Military	terms Gender-ba	sed terms	Relig	gious te	erms	SOGIESC terms		



## Availability (Indicate days of the week and times)

## Virtual hearings

The Immigration and Refugee Board of Canada (IRB) is conducting hearings in-person and virtually using Microsoft Teams.

## You must be able to provide services in-person.

In order to be considered for virtual hearings, you must meet all of the requirements listed below.

Please select the requirements you meet:

You have a computer, tablet, or phone with a webcam that is secure. This should include a legally licensed operating system with up to-date security patches, as well as anti-virus and anti-spyware software, if such security measures are available for your electronic device. For more information, see the Government of Canada <u>"Cyber Safe" recommendations</u>.

A room in your home where you can participate privately, without being disturbed.

A private internet connection that is stable and fast enough to facilitate reliable videoconferencing (a minimum of 1.5 Mbps).

Access to a telephone throughout any virtual proceeding in case there are any connection challenges with the videoconference connection.

Interpreters must perform their duties from their residence, within Canada.

Education					
Please select each level of education that you have completed (all that apply), or how many years of education you have completed:					
Elementary completed  Elementary partially completed (number of years):  Secondary completed (number of years):					
Post-secondary completed					
Graduation Year: Title of Diploma or Degree:					
Employment experience					
Are you presently, or have you ever been an employee of the Federal Public Service, a Crown Corporation, the RCMP, the Armed Forces or a Governor-in- Council Appointee? Yes No					
If yes, and are presently an employee, are you a:					
Select one: Casual Term Indeterminate <b>and</b>					
Select one: Part-time <b>or</b> Full-time					
If yes, and are presently an employee, name of dept. or organization:					
If yes, and have been an employee, are you receiving a government pension? Yes No					
If yes, include your retirement date (yyyy-mm-dd):					
Are you presently, or have you ever been a lawyer or immigration consultant providing immigration services?					
No Yes Law Society number: RCIC number:					
If you have been a lawyer or immigration consultant providing immigration services, and are no longer providing immigration services,					
please indicate the date you stopped providing immigration services (yyyy-mm-dd):					
Rusiness number (GST-HST) if annicables					



1. Name of present employer			From	ı (yyyy-mm-dd)	To (yyyy-mm-dd)	
Address (number and street)	ber and street) Apt. # Cit		Province		Postal code	
Job title and description of duties						
2. Name of previous employer			From	n (yyyy-mm-dd)	To (yyyy-mm-dd)	
Address (number and street)	Apt. #	City		Province	Postal code	
Job title and description of duties						
Interpretation employment or volunte	eer exnerienc	٩				
1. Name	е схренено	From (yyy	y-mm-do	) (t	To (yyyy-mm-dd)	
2. Name		From (yyy	From (yyyy-mm-dd)		To (yyyy-mm-dd)	
3. Name		From (yyy	From (yyyy-mm-dd)		To (yyyy-mm-dd)	
3. Name		From (yyy	From (yyyy-mm-dd)		To (yyyy-mm-dd)	
References (three persons who know	of your work,	whom we ma	y conta	act confidential	ly)	
1. Name and position title		Employed	by		Telephone number	
2. Name and position title		Employed	by		Telephone number	
3. Name and position title		Employed	by		Telephone number	



Please note: All interpreters must successfully pass a security screening level of Reliability status				
All the information that I have given in this form is true to the best of my knowledge.				
Signature	Date (yyyy-mm-dd)			

