*SLIS administers a fund on behalf of the HSE, which covers the Sign Language interpretation costs for all GP and some Primary Care appointments. The scheme covers Primary Care appointments, where the client was referred to that primary care service, for example by their GP or another HSE Service. This is available to all Deaf people with a Medical or GP Visit Card.*

*Job Number (office use only):*

|  |  |
| --- | --- |
| **Clinic Name:** |  |

|  |  |
| --- | --- |
| **GP / Medical Staff member name:** |  |

|  |  |
| --- | --- |
| **Contact Number:** |  |

|  |  |
| --- | --- |
| **Contact Email Address:** |  |

|  |  |
| --- | --- |
| **Deaf client name and HSE Medical/GP Visit Card Number:** |  |

|  |  |
| --- | --- |
| **Interpreter Preference** (if available) **:** |  |

|  |  |
| --- | --- |
| **Assignment Details:** |  |

|  |  |
| --- | --- |
| **Assignment Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Start Time:** |  | **End Time (approx)** |  |

|  |  |
| --- | --- |
| **Venue:** |  |

|  |  |
| --- | --- |
| **Contact Person at Venue:** |  |

|  |  |
| --- | --- |
| **Billing Address** | Sign Language Interpreting Service, Deaf Village Ireland, Ratoath Road, Cabra, Dublin 7 / [finance@slis.ie](mailto:finance@slis.ie) |

|  |  |
| --- | --- |
| **Other Relevant Information:** *For Primary Care appointments, could you please note from where the client was referred to that service (for example from their GP or another HSE service).* |  |

*For office use only:*

|  |
| --- |
| ***Interpreter Booked:*** |
| ***Date of Booking:*** |
| ***Interpreter Contact Details:*** |
| ***Confirmation of Booking:*** |
| ***Interpreter Attendance sheet:***  ***GP/Medical staff member Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***The GP/Medical Staff member should sign the above as a record of the interpreter’s attendance. The interpreter will include this as part of their invoice to SLIS.*** |

***Data Processing Agreement: By submitting this form, I agree that the data above can be shared with relevant Sign Language Interpreters.***