**SELF EMPLOYED INTERPRETER APPLICATION**

**CONFIDENTIAL**

The information you provide on this form will be used to assess your suitability for Solace to use your services as an interpreter. If we believe that your experience and skills match the needs of our clients then we will invite you to attend an interview to discuss your application. All our interpreters are required to attend our training before starting work with us, and to agree to ongoing review meetings.

**This is a self-employment opportunity – You are not being employed by Solace, and you are free to accept or decline any work offered to you. You are responsible for completing your own self-employment tax returns.**

1. **Name:**
2. **Address:** (including postcode)
3. **Phone number:**
4. **Email address:**
5. **Languages: (please list your language(s) and circle level of competency for spoken and written skills)**

|  |  |  |
| --- | --- | --- |
| **Language** | **Spoken** | **Written** |
|  | Fluent/Good/A little | Fluent/Good/A little |
|  | Fluent/Good/A little | Fluent/Good/A little |
|  | Fluent/Good/A little | Fluent/Good/A little |
|  | Fluent/Good/A little | Fluent/Good/A little |
|  | Fluent/Good/A little | Fluent/Good/A little |

1. **Qualifications and Training:**
2. **Interpreting Experience:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | DATE FROM | DATE TO | PAID OR VOLUNTARY POSITION? |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

1. **References**

Please give details of two people we can contact who can comment on your interpreting ability. They must not be related to you.

Referee one: Referee two:

Name: Name:

Occupation: Occupation:

Address: Address:

Postcode: Postcode:

Phone: Phone

Email: Email:

Capacity in which known: Capacity in which known:

1. **Eligibility**

Please confirm you are eligible to live and work in the UK

(please circle) YES NO

Is this eligibility dependent upon any type of visa?

(please circle) YES NO

1. **Additional information:**

Please use this space to tell us anything further you would like us to know in support of your application. Please only write as much as you feel is important, and please do not exceed one page.

Please return this form to [info@solace-uk.org.uk](mailto:info@solace-uk.org.uk)

Or post to Solace, Manor House, 1 Manor Street, Leeds LS7 1PZ

Thank you. When we receive your application we will be in touch.

You can call us on 0113 8246796 for assistance.