

Interpreting Partnership Application Form

Name

Organisation

ABN

Address

City

State

Postcode

Postal Address

City

State

Postcode

Phone Number

Fax Number

E-Mail Address

Are you applying as:

Do you receive any government funding?

YES

NO

Could this booking be provided under the Employment Assistance Fund? (EAF)

YES

NO

Please provide a brief explanation of yourself or your organisation.

(500 characters or less)

Why do you feel you should receive a discount rate? How does this align with the Deaf Society's Vision?

(800 characters or less)

Once you have completed the form, please email it to interpreting@deafsociety.com and you will be notified of the status of your application within five business days.