



Engagement of Interpreters “Call for Interpreters Form”

Personal Information			
Legal Name First Name:		Last Name:	
		Email:	
		Cell Phone:	
		Home Phone:	
Street Address		City	
		Province	
		Post Code:	
Are you entitled to work in Canada?			Are you 18 or older?
What language(s) do you speak? (please list all languages you are fluent in)			
Interpreter Training/Qualifications			
Have you completed CILISAT/ ISAT (language assessment)			Yes <input type="checkbox"/>
If yes, please attach certificate			No <input type="checkbox"/>
Have You Completed Community Interpretation Training?			
Response	Date Completed	Training/Testing Institution	Pass Mark (%)
No <input type="checkbox"/>			
Yes <input type="checkbox"/>			
Have You Completed Medical Terminology Training?			
Response	Date Completed	Training/Testing Institution	Pass Mark (%)
No <input type="checkbox"/>			



**OTTAWA NEWCOMER
HEALTH CENTRE**

**CENTRE DE SANTÉ POUR
NOUVEAUX ARRIVANTS D'OTTAWA**

Yes <input type="checkbox"/>			
Do you have a Police Records Check completed within the last 24 months?			
If yes, Date completed: (mm/yyyy)			
Does this include Vulnerable Sector Screening?			
(You will required to produce this before you can register for OLA Interpreter Training)			
Please attach the most updated version of your Cv/Resume to this application form.			
Yes, Cv/Resume Attached <input type="checkbox"/>			
Disclaimer - By signing, I hereby certify that I have read and understand the terms and conditions for applying for OLA Interpreter Training and agree to abide by them. I understand that falsification of this information may prevent me from accessing training. I also provide consent for former employers/training and/or testing institutions to be contacted regarding work/training/testing records.			
Signature:		Date:	