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**Lingua.GM Community Interpreting/Translation Referral Form**

Please complete as much of the information required as you can for your referral. We will get in touch with you as soon as possible. We are continuing to operate as a hybrid service and offer telephone, online and limited face-to-face interpreting/translation.

**Due to the unprecedented situation, we find ourselves in with COVID 19, and to ensure that we follow Government guidelines in relation to suitable Interpreter provision, along with travel and social distancing restrictions, we are advising that interpretation should be conducted via telephone or video. This is to reduce the potential risk to all concerned and avoid possible further spread of the virus.**

**Referral Details**

**Tell us how you were referred to lingua.GM**

Date

Referrer

Referrer Contact Details

Self-referral

**Please state the language for interpretation you require to begin:**

**Language:**

**Type of Interpretation:**

**Face to Face**

**Online**

**Video**

**Risk Assessment Info**

**In cases where there are clinical reasons why a Face-to-Face appointment is necessary, (and telephone or video are not suitable), personal protective equipment must be provided to the Interpreter and a Risk Assessment must have taken place, documented, and a copy filed in the patients notes. If you have not completed a Risk Assessment for a Face-to-Face appointment then you can request this from our services for the Risk Assessment Form at** [**info@linguagm.com**](mailto:info@linguagm.com) **If you have not completed a risk assessment, please choose an alternate type of interpretation as we cannot perform face to face without the form.**

**Client's Details**

Surname

First Name

Address

Postcode

Date of Birth

Age

Gender

Telephone Number

Preferred Language

Language Spoken at Home

Emergency Contact Person: Name

Telephone

Country of Birth

**Preferred language or Need for Interpreter**