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ABN: 50 664 505 657

### **Contractor Application Form**

### **SUBMISSION CHECKLIST**

Before completing and submitting your documentary evidence in support of the	r application, please check you have the <i>relevant</i> is application:			
Relevant professional qualifications documentation				
Reference letters or referee contact details				
Your Australian Business Number (ABN) if working in Australia				
Proof of right to work in Australia (Copy of passport, citizenship, birth certificate or VISA)				
Evidence of NAATI accreditation (	Certificate or letter of accreditation)			
Copies of security clearances: Police Children Check (preferred for inter	ice Check (required for interpreters) and Working with preters)			
Email this completed form and your supportin	g documents to apply@languageloop.com.au			
Were you referred to LanguageLoop? If so	, by whom			
How did you hear about working with Lang	guageLoop?			
Word of Mouth	Job Advertisement			
Poster/Promotional Material	Community Group/Association			
Email	Other			
First Name(s):				
Last Name:				
Preferred First Name:				
Gender: Male Female				
Date of Birth://	(DD/MM/YY)			



### **CONTACT DETAILS**

Phone:		Mobile:	
Email Address:			
Residential Address:			
Suburb:			
Postal Address (leave blank if	-		,
Postal address:			
Suburb:	Postcode:	State:	Country:
ELIGIBILITY TO WORK IN AUS	TRALIA		
Place of Birth (please specify tow	n and country): _		
Religion (optional) :			
Residency status:			
Australian citizen			
New Zealand citizen			
Permanent resident			
Visa			
Non Australian resident C	ountry of residence	e:	
Please provide your ABN (Austra	lian Business Nun	nber) if working	in Australia:
I have provided a copy of m applying to work for Langua			a e.g. passport, citizenship or visa if

### RELEVANT EDUCATIONAL QUALIFICATIONS AND EXPERIENCE I have provided a copy of my CV OR detailed my relevant educational qualifications and experience below RELEVANT EDUCATION Name of Institution: Country of Institution: Title, Certificate, Degree or Diploma received at completion: From year: \_\_\_\_\_ To year: \_\_\_\_ Name of Institution: \_\_\_\_\_ Country of Institution: \_\_\_\_\_ Title, Certificate, Degree or Diploma received at completion: From year: \_\_\_\_\_ To year: \_\_\_\_\_ RELEVANT WORK EXPERIENCE Employer Name: Date to (MM/YY): \_\_\_\_ Date from (MM/YY): Please briefly outline your experience in this role that is relevant to interpreting/translation services: Employer Name: Date from (MM/YY): Date to (MM/YY): Please briefly outline your experience in this role that is relevant to interpreting/translation services: What role are you applying for at LanguageLoop? **Interpreter Only Translator Only Interpreter & Translator** (go to page 4) (go to page 5) (complete both forms)

## **Interpreter Application Form**

SECURITY CLEARANCE				
I have provided a current (no older than 3 years) proof of police check (required)				
I have provided a current working with children check OR Teachers Registration (preferred)				
INTERPRETING CERTIFICATION				
Language(s) you are proficient in and NAATI cre	dential(s) you hold:			
Language (dialect)	NAATI credential			
REFERENCE LETTERS OR REFEREES  I have provided 2 reference letters OR provided Referee 1  Name:  Position Title:  Email:	Phone:			
Referee 2 Name: Position Title: Email:	Phone:			
APPLICANT STATEMENT				
I declare that to the best of my knowledge all the information contained in this application form provided by me is true and correct.				

# **Translator Application Form**

	er of years of translation experience:						
	e language(s):						
Second language(s):  Dialects you understand for audio transcription:							
Dialec	is you understand for addit transcription	•					
List the languages you are qualified to translate from/into:							
	guage FROM	Language TO					
	-						
If bas	ed in Australia: Australian NAATI practi	tioner numb	per (if applicable):				
If bas	ed outside Australia: Practitioner numb	er of local c	ertifying association:				
Are yo	ou a member of any other translation ass	ociations? _					
			)				
LIST Y	our area(s) or expertise (e.g. medical, leg	ai)					
Checl	k the relevant boxes to indicate the se	rvices you	provide:				
	Translation		Machine translation post-editing				
Ħ	Proofreading		Audio Transcription				
	Independent Checking		Audio Recording				
If inde	pendent checking is selected, are you fa	miliar with c	categorising errors?				
	k the relevant boxes to indicate the res ples for any selected:	sources yo	u use for your translation work and list				
CAUIII	ples for any selected.						
	Online dictionaries		Glossaries				
	Term bases		Websites				
	Reference material		Other (please specify)				
How do you keep up to date with translation industry developments?							

### TRANSLATION SOFTWARE

List the computer-assisted translation software you use/have used for translation work

Computer-assisted translation software	Do you have a licence?			
Do you use machine translation for your translation work?				
Do you post-edit machine translated content?				
If you do not use any software, are you willing to use if trained?				
PROFESSIONAL DEVELOPMENT				
List any relevant professional development courses you ha	ve attended:			
Course Name:				
Date from (MM/YY):				
Course Name:				
Date from (MM/YY):				
CAPACITY				
Are you a full-time or part-time translator?				
Do you work for other Language Service Providers/clients?				
If yes: Country of work: Industries you work	k with:			
How many words on average can you translate per day?				
Are you willing to take urgent work (i.e. same day or 24 hour turn	narounds)?			
APPLICANT STATEMENT				
_				
I declare that to the best of my knowledge all the information provided by me is true and correct.	ation contained in this application form			