



## Booking Request

Referrer Details		
Name of person requesting the service:		
Organisation:		
Address:		
Postcode:		
Telephone	Ext:	
E-mail:		
Client Details		
Name of deaf client:		
Hospital / Patient Number:		
Home Postcode:		
SMS or Fax number:		
Email:		
Select Type of Provision & number of Communicators required (tick)		
BSL	Lipspeaker	Hands on signing
		Palentypist
If the appointment is not contractual do you agree to fund private appointment?    Yes                      No                      N/A		
Appointment Details		
Date:	Start Time:	End Time:
Appointment With:		
Type of Appointment:		
Additional Information: eg. Male or female interpreter required		
Appointment Venue		
Address:		
Postcode:		
Contact Name & Telephone:		
Exact Meeting Point for interpreter:		

Tameside Interpreting and Communication Service for Deaf People in Tameside.

**Stalybridge Resource Centre, Waterloo Street, Stalybridge, Cheshire, SK15 2AU**

**E-mail [tics@tameside.gov.uk](mailto:tics@tameside.gov.uk)**

**Textphone: 0797 748 9190**

**Tel: 0161 342 2663**

**Minicom: 0161 342 2577**

**Fax: 0161 342 3995**

Emergency only Out of Hours (after 5pm & weekends) 0797 0914239



We need notice of Cancellation or charges will apply: 100% less than 6 days, 50% less than 13 days notice. Please inform Deaf client that an interpreter has been booked. **Thank you.**