Legal & General Language Services Ltd 143 St. John's Road, Huddersfield, West Yorkshire, HD1 5EY

Tel: 01484 519666 Fax: 01484 519306

Website: www.lglanguageservices.co.uk Email: enquiries@lglanguageservices.co.uk

m: 1		
Title:		
First Name(s):		
[~		
Surname:		
Address:		
	D	
	Post code:	
[D. 100]		
Date of Birth:	Sex: Male/Female	
National Insurance Number:		
[m., xx	***	
Tel. Home:	Work:	
Mobile No:		
Email Address:		
Do you have your own transport? Yes / No		
Do you require a work permit to work in the U	IK? Ves/No	
If yes, please provide details:		
*In accordance with the Asylum and Immigration Act (1996) Legal & General		
Language Services Ltd may require you to pro	ove your eligibility to work in the UK.	
Are you on the National Pegister of Public Se	rvice Interpreters? Vec / No	
Are you on the National Register of Public Service Interpreters? Yes / No If yes, please give your registration number below.		
in jes, preuse give jour registration number below.		
Registration Number:		
Are you applying to register as: (Please circle	one or both options)	
An Interpreter	A Translator	
_		
Do you have the IT software for the language	(s) you wish to translate? Yes / No	
If yes, what is the name of the software?		

	ease state the lang		ak and/or write in addi	tion to English. Use
ua	Langu	•	Spoken Fluency Level (eg, native/fluent/ good)	Written (Please give language combinations, eg (language) into English, English into (language)
1	(M-414)			(iding unge)
2	(Mother tongue)			
3				
4				
	lucation Please cluding GCSEs.	give details of al	ll qualifications obtaine	ed since leaving school
	Date		Qualificati	on
			11 1' 2 X- / N	
	e you a member o		nal bodies? Yes / No defined with the vidence.	0
	you have any cri yes, please provid		ns previous or pending tails.	? Yes / No
	you have a curre		usly CRB) certificate?	Yes / No

Training. Please provide details of any relevant interpretation /translation training that you have received.			
that you have received.			
Employment History. Please give	e your employment histo	ory including all	l ;
interpretation /translation work whenecessary.	etner paid or unpaid. Us	e extra sheets 11	
•			
Employer	Position	From	То
Other Information. Please give be		ion which you t	hink may
support your application. Use extra	sheets if necessary.		

Availability						
Mon	Tue	Wed	Thu	Fri	Sat	Sun
am	am	am	am	am	am	am
pm	pm	pm	pm	pm	pm	pm

References		
Please provide the names and addresses of two referees we may contact.		
Full Name:	Full Name:	
Address:	Address:	
Tel. No:	Tel. No:	
Email:	Email:	

Declaration:- The information which I have provided in this application form is true and accurate to the best of my knowledge and belief. I have read and understood the **Code of Conduct** and **Code of Ethics** provided by Legal & General Language Services Ltd. I accept them and will comply with them fully. I agree to provide interpretation and/or translation services on a freelance basis with my own professional indemnity insurance if needed and understand that I will be responsible for my own National Insurance contributions and income tax.

Print Full Name	Date	Signature

FC	FOR OFFICE USE ONLY		
1	Appl recd:	Appl acknowledged:	
2	Referee 1 ref reqstd:	Referee 1 ref recd:	
3	Referee 2 ref reqstd:	Referee 2 ref recd:	
4	ID docs reqstd:	ID docs recd:	
5	DBS (if applic) reqstd:	DBS recd:	
6	Approved & added to LGMS:		