

**APPLICATION FORM FOR NON-GOVERNMENT ORGANISATIONS FOR EXEMPTION FROM CHARGES FOR INTERPRETING SERVICES**

**SECTION 1 - ORGANISATION DETAILS**

**Name and address of applicant organisation:**

Name of Organisation: .....

Postal Address: .....

Street Address: .....

.....Post Code.....

**Former Name and Address of organisation, if applicable.**

Name of Organisation: .....

Postal Address: .....

Street Address: .....

.....Post Code.....

**TIS Client Code** (if known): .....

Contact person for this application:

Name.....

Title.....

Telephone..... Facsimile .....

**SECTION 2 – ELIGIBILITY FOR FEE-FREE INTERPRETING SERVICES**

**Please ensure you provide all the information requested. If you have any questions about this form, please ring TIS on 131 450.**

**1. What services do you provide to people from a non- English-speaking background who are Australian citizens or permanent residents?**

.....  
.....  
.....  
.....

2. Is your organisation non-profit and community based?  YES  NO
3. Is your organisation a non-government organisation?  YES  NO
4. Is the service for which you are seeking fee-free interpreting a direct Government out-sourced program eg Job Network?  YES  NO

5. **Services provided:** Please separately list the total range of services that your organisation provides - eg welfare, health, education, employment and/or legal.

**SERVICE 1:**.....

**What level of Government funding is received for this service?** (Please circle)

Fully funded                                      Partially funded                                      None

**Does this funding include provision for interpreting services?**                                      **YES**                                      **NO**

**Is direct interpreting assistance received for this service?**                                      **YES**                                      **NO**

Please provide the full name of the funding Department, a department contact number and underline whether it is a State or Commonwealth Department.

**Department**.....

**Contact number**.....                                      **State**                                      **Commonwealth**

**SERVICE 2:**.....

**What level of Government funding is received for this service?** (Please circle)

Fully funded                                      Partially funded                                      None

**Does this funding include provision for interpreting services?**                                      **YES**                                      **NO**

**Is direct interpreting assistance received for this service?**                                      **YES**                                      **NO**

Please provide the full name of the funding Department, a department contact number and underline whether it is a State or Commonwealth Department.

**Department**.....

**Contact number**.....                                      **State**                                      **Commonwealth**  
(If space is inefficient, please attach details)

**DECLARATION:**

I, .....(print name of signatory), am authorised by  
.....(organisation name) to  
provide the above information, certify that the information is true and accurate.

ACN/ABN, if applicable: .....  
Signature: .....  
Title (please print) .....  
Date .....

<b>FOR OFFICE USE ONLY</b>	
Eligibility met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Approval is for <b>some</b> services only. Please clarify.
Approval assessed by	.....
Office/Section	..... Date .....