

You are interested in collaborating as an interpreter

If you are an interpreter and interested in working with avl interpreters, please fill out this form and send it to us with a copy of your interpreting diploma – with grades if you have less than 5 years of practical experience. (We do not need translators for written translations.)

Your personal data

Salutation Mr. Mrs.

Last name

First name

Title, profession

Private address (street, postal code, city, country)

Professional address (street, postal code, city, country)

Nationality Date of birth

Residence permit (for foreigners living in Switzerland)

E-mail

Business phone Home phone

Cell phone Other/Skype

Website

Your language fluency

A-Language(s), mother tongue(s)

B-Language(s)

C-Language(s)

I interpret the following language combinations
(in the order of my competence)

s = simultaneously k = consecutively l = liaison interpreting

From _____	into _____	<input type="checkbox"/> s	<input type="checkbox"/> c	<input type="checkbox"/> l
From _____	into _____	<input type="checkbox"/> s	<input type="checkbox"/> c	<input type="checkbox"/> l
From _____	into _____	<input type="checkbox"/> s	<input type="checkbox"/> c	<input type="checkbox"/> l
From _____	into _____	<input type="checkbox"/> s	<input type="checkbox"/> c	<input type="checkbox"/> l
From _____	into _____	<input type="checkbox"/> s	<input type="checkbox"/> c	<input type="checkbox"/> l
From _____	into _____	<input type="checkbox"/> s	<input type="checkbox"/> c	<input type="checkbox"/> l
From _____	into _____	<input type="checkbox"/> s	<input type="checkbox"/> c	<input type="checkbox"/> l
From _____	into _____	<input type="checkbox"/> s	<input type="checkbox"/> c	<input type="checkbox"/> l
From _____	into _____	<input type="checkbox"/> s	<input type="checkbox"/> c	<input type="checkbox"/> l

I am able to interpret from Swiss German yes no

Professional Training

	Institute	Year graduated
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I will send the copy of my diploma

- by e-mail (scanned)
- by post
- I don't have an interpreting diploma

References (Name, Company, Relationship to this person)

E-Mail

Phone

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Interpreting experience

Member of professional associations

(for example: AIIIC, DÜV, ASTTI, BDÜ, SFT, VKD)

Standard rate in CHF (Swiss francs)

simultaneous: _____

consecutive: _____

liaison interpreting: _____

Travel fee to Switzerland
(if your professional address is abroad) _____

Working situation

- Freelance
- Employed by _____
(own business: yes no)

I pay AHV
(Swiss old age survivor's insurance) yes no

I am liable for Swiss VAT
(applies only to persons living in Switzerland) yes no

How did you find avl interpreters?

- Recommended by _____
- Phone directory _____
- Internet search _____
- Business card _____
- Other _____

Remarks

Date: _____ Signature (if this document is sent by post): _____

Send via e-mail or post to: avl interpreters llc
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