

**You are interested in collaborating as an interpreter**

If you are an interpreter and interested in working with avl interpreters, please ! ll 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

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  yes  no  
(applies only to persons living in Switzerland)

**How did you find avl interpreters?**

- Recommended by \_\_\_\_\_
- Phone directory \_\_\_\_\_
- Internet search \_\_\_\_\_
- Business card \_\_\_\_\_
- Other \_\_\_\_\_

**Remarks**

\_\_\_\_\_

By submitting this form I agree that this personal data may be recorded by avl interpreters llc. This data is processed exclusively for internal purposes in accordance with the Privacy statement on the company's website ([www.avl-interpreters.ch](http://www.avl-interpreters.ch)). This consent may be revoked at any time in writing.

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

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[info@avl-interpreters.ch](mailto:info@avl-interpreters.ch)