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| --- | --- |
| Name in Furigana |  |
| Name/  Place of work/  Nationality |  |
| Contact Address  Tel/Email | Address:  TEL: E -mail: |
| Know about this service | □City hall/ward office □CCIA website □Friend  □Others ( |
| Request content/language/field  (Select field from the list) | □ Interpretation ( request face-to-face / request  Online)  □Translation  ・deadline date: / 　 / 　　 / (yyyy/mm/dd)  ・no deadline given  (language)　　　　　　　　　　　　　　(field) |
| \*➀ Desired date and time,  ② Possible dates,  ③Pre-determined date  and time | ➀□Weekday □Saturday　　□Sunday　　□Morning  □Afternoon □Night  ② /　　　/ 　, /　　 , /  year /month /　day, 　 　month /day　　, month /day  ③ / / , : - :  year /month / day, time: from to |
| \*Place (address/  Facility name)  Nearest station, etc. | Address ( )  Facility name ( )  Directions from the nearest station |
|  | |
| \* content for interpretation  **□ Do you have two or more persons to interpret for? Yes ( # of persons 　　) / No**  **□ Do you have a preference regarding gender, etc. for religious reasons?**  **Yes (please specify ) / No**  **□Are you planning to continue for three times or more? yes / No** | |
| Please write the content of your request for interpretation/translation. | |
| Message for The Association and community interpreter/translation supporters | |
| After confirming your agreement to the following, please check the box and send this request form to the Chiba City International Association.   * Regarding the above request, I will not hold the Chiba City International Association and the Community Interpretation and Translation Supporters responsible for the activities and those related to the Community Interpretation and Translation Supporters affiliated to the Chiba City International Association. | |