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| --- | --- |
| Name in Furigana （katakana） |  |
| Name/  Place of work/  Nationality |  |
| Your Contact Address  Phone number/Email Address | Address:  TEL: E -mail: |
| How did you learn about this service? | □City hall/ward office □CCIA website □Friend  □Others ( |
| Please specify your request content/language/field  (Select a field from the list) | □ Interpretation  (face-to-face / 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,　 　 year /month / day,　　, year /month / day  ③ / / : - :\_\_  year /month / day　　 time: from to |
| \*Place to visit  (Address/  Name of the facility  Nearest station, etc.) | Address ( )  Name of the facility( )  Directions from the nearest station |
|  | |
| \* content for interpretation  **□ Are you requesting interpreter services for more than one person?**  **Yes ( # of persons 　　　　) / No**  **□ Do you have a preference regarding gender, etc. for religious reasons?**  **Yes (please specify ) / No**  **□Are you planning to make request for interpreter services for three times or more? yes / No** | |
| Please write the content of your request for interpretation/translation. | |
| Please write messages for the Chiba City International Association and community interpreter/translation supporters. | |
| After confirming your agreement to the following, please check the box and submit this request form to the Chiba City International Association.   * With regard to the request　above, I will not hold the Chiba City International Association and the Community Interpretation and Translation Supporters responsible for the activities and matters related to the Community Interpretation and Translation Supporters of the Chiba City International Association. | |