**Expression of Interest to Qualify for Interpreting and Translating**

|  |  |
| --- | --- |
| **YOUR DETAILS** | |
| Name: | |
| Residential Address: | Suburb/Town: |
| Postal Address (if different to residential): | Post Code: |
| Phone Number: | D.O.B: |
| Email Address: | |
| **YOUR QUALIFICATIONS** | |
| Highest year of high school completed: | Year Graduated: |
| High School Name: | |
| Qualification 1: | Year Graduated: |
| Institute: | |
| Qualification 1: | Year Graduated: |
| Institute: | |
| **LANGUAGES SPOKEN** | |
| *Please list the language and or languages you speak fluently below* | |
| Fluent Language: | |
| Fluent Language: | |
| Fluent Language: | |
| Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **TRANSLATING AND INTERPRETING EXPERIENCE** | |
| *Please list any translating and interpreting experience you have below* | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

Return this form to:

**Goldfields Aboriginal Language Centre**

[**info@wangka.com.au**](mailto:info@wangka.com.au) **or**

**to 264 Hannan St, Kalgoorlie 6430**

**EOI CLOSING DATE 22ND DECEMBER 2017**