**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** **or**

**to 264 Hannan St, Kalgoorlie 6430**

**EOI CLOSING DATE 22ND DECEMBER 2017**