

**HFLS – Hammersmith and Fulham Language Service**

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[interpreting@hfls.org.uk](mailto:interpreting@hfls.org.uk) - [www.hfls.org.uk](http://www.hfls.org.uk)

**REQUEST FOR INTERPRETING SERVICES**

REQUESTED BY

NAME / ORGANISATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT \_\_\_\_\_

TEL NO \_\_\_\_\_ EXT \_\_\_\_\_

FAX NO. \_\_\_\_\_

POSTCODE \_\_\_\_\_

INVOICE TO GO TO:  
(Please provide name and address) \_\_\_\_\_

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**NAME OF CLIENT** \_\_\_\_\_

**REFERENCE or HOSPITAL NUMBER:** \_\_\_\_\_

**LANGUAGE REQUIRED** \_\_\_\_\_

**SEX AND RELIGIOUS BACKGROUND OF INTERPRETER PREFERRED:** \_\_\_\_\_

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**COMPLETED BY** \_\_\_\_\_ **OFFICE USE ONLY**

**DATE** \_\_\_\_\_

**INTERPRETER ASSIGNED** \_\_\_\_\_

**JOB NUMBER** \_\_\_\_\_

**PLEASE FAX THIS REFERRAL FORM TO H.F.L.S ON 0203 355 2063. IF YOU HAVE ANY  
CONTACT US BY TELEPHONE ON 0203 355 2024/ 0777 638 6267.  
QUERIES PLEASE FEEL FREE TO**