Logo, company name

Description automatically generated

**British Sign Language**

**Interpreter Booking Agreement**

Merseyside Society for Deaf People provide British Sign Language (BSL) Interpreters to organisations to support communication with Deaf British Sign Language users.

We are committed to providing registered professionals all of whom are subject to professional codes of conduct and hold a current Disclosure and Barring Service (DBS) check.

**Interpreter Booking Costs**

**Assignment**

The minimum booking fee for a BSL interpreter is **£170**, Depending on the nature of the assignment, you may require 2 Interpreters.

Please fill out the booking form and you will be provided with a personalised quote.

**Terms of Service**

Once a quote has been provided and agreed, all terms as detailed in the agreement and any charges will come into immediate effect.

If you need to cancel an assignment the following charges will apply:

* Cancellations within**7 working days** of the assignment date

**100%** of the fee will be payable.

* Cancellations between **8-14 working days** of the assignment date

**50%** of the fee will be payable.

* Cancellations over **14 days**

**£45.00** administration fee will be payable.

Upon receipt of invoices, payment must be made within 30 days.

**Contract Details**

Please ensure that you read and agree to the Terms of Service, as completion of this document confirms that you agree to the conditions outlined.

|  |  |  |
| --- | --- | --- |
| Bookers Details | | |
| Company Name: |  |
| Contact Name: |  |
| Job Title: |  |
| Contact Email: |  |
| Contact Phone No: |  |
| Assignment Details | | |
| Date: |  |
| Start Time: |  |
| Estimated Finish Time: |  |
| Event Description:  Please include as much information possible, including nature of assignment, and number of participants. |  |
| Venue Address:  Please include full address including post code. |  |
| Deaf Attendee Name: |  |
| Preferred Interpreter: |  |
| Any Other Relevant Information that may be useful: |  |
| Invoice Details | | |
| Invoice Address: |  |
| Accounts Email: |  |
| Accounts Phone No: |  |
| Purchase Order Number: |  |
| Customer Signature: |  |
| Date of Signature: |  |