

Working with Interpreter Training (WWIT)

Booking Request Form

Fields marked with an asterisk (*) are required. Fields marked with a caret (^) are for office use only.					
Agency Information					
Organisation *		ABN *			
Section/Business Unit*					
Contact Officer*		Phone*			
Email*		Mobile			
Billing address*					
WWIT Booking Information					
Type of training*	General / Legal / Health				
Delivery method*	Face-to-Face / Audio-visual link (AVL)				
Target participants* (Eg: Legal Practitioner, clinicians)					
Date required*		Duration*	60 / 90 minutes	Start time*	
Number of expected participants*			Training venue*	AIS Office / Your Office	
Please provide office address*					
Equipment available at the venue* (Eg: Data projector and computer / Whiteboard)					
Other requirements					
Office use only^					
Date received^		Database updated^	Yes / No		
Quote sent? ^	Yes / No	If not, why? ^			
Quote accepted?^	Yes / No	Quote number^			
Date invoice sent^		Invoice Number^			
Trainer assigned^		Interpreter assigned^			
Interpreter booking sent?^	Yes / No	Interpreter timesheet sent?^	Yes / No		

Further information

Email your completed form to aistraining.cmc@nt.gov.au

GPO Box 4450, Darwin NT 0801 | Phone: 1800 334 944 | ais@nt.gov.au | www.aboriginalaffairs.nt.gov.au

