

**Comments/Notes:** 

## **Access Alliance Language Services**

500 – 340 College Street, Toronto ON M5T 3A9 Phone: 416-324-2731 or 1-888-278-8007

SIGNATURE (mandatory)

Fax (416) 324-9198

Email: languages@accessalliance.ca Website: www.aalanguages.ca

ASSIGNMENT FORM (confidential)				Assignr	nent ID #	
PLEASE CHECK ONE BOX:				□ Cancelled Same Day		
□ Completed – On-Site Face-to-Face				□ No Show- Patient/Client		
□ Completed – Scheduled Over-the-Phone				□ No Show – Service Provider		
□ Completed – Video Remote (VRI)						
PLEASE COMPLETE ALL FIELDS WITH DETAILS AS PROVIDED FOR THIS ASSIGNMENT:						
INTERPRETER NAME						
LANGUAGE						
DATE (DD/MM/YYYY)						
ORGANIZATION						
LOCATION (CITY / POSTAL CODE)						
Booked Start Time:		Arri	Arrival Time:		Interpretation	
Booked End Time:		Actual E	ind Time:		Start Time:	
CONFIRMED WITH: Name:					Tel: ( )	
TOTAL TIME FOR ENCOUNTER (HOURS)						
SERVICE PROVIDER CONFIRMATION						
PROVIDER SIGNA (mandatory)(NR for C				ne	INTERPRETER'S SIGNATURE	