

Person specification	
JOB TITLE CASUAL INTERPRETER/TEACHER (SELF EMPLOYED)	
	Essential criteria
Education and Qualification	<p>Evidence of recognised interpreting qualification or other relevant bilingual or overseas qualification in nominated language.</p> <p>and/or</p> <p>Some experience of undertaking paid or unpaid interpretation/translation/teaching work.</p> <p>Good level of general education</p>
Specialist Skills	<p>Fluency in one or more languages.</p> <p>Able to interpret/translate information in a clear, concise and accurate manner.</p> <p>Ability to deliver services in a culturally sensitive manner.</p>
Personal skills	<p>Able to communicate effectively both orally and in writing. Ability to remain calm under pressure.</p> <p>Good customer service skills Professional manner and appearance</p> <p>An understanding and observance of impartiality and confidentiality.</p> <p>Sympathetic to refugee, migrant and human rights issues.</p>
Work circumstances	<p>Must be flexible enough to work within a wide range of environments.</p> <p>Face-to-face appointments require travel.</p> <p>Willing to undertake relevant training as and when required.</p> <p>Commitment to work within the Code of Conduct and Equal Opportunities Policy.</p>

APPLICATION FORM

POST TITLE: CASUAL INTERPRETER /TRANSLATOR/TEACHER (SELF-EMPLOYED) with Linguist Point

Are you eligible to work in the UK? Yes No

All applicants must provide proof that they are eligible to work in the UK

What services do you provide?

Telephone Interpreting Face-to-Face Interpreting
Translation Language Teacher

PERSONAL DETAILS

Title (Mr/Mrs/Miss/Other):

Surname:

Forenames:

Gender:

Nationality:

Address:

City:

County:

Post Code:

Telephone Numbers:

(Please indicate which numbers you will use for telephone interpreting)

Landline:

Mobile:

*Please note we prefer you to register a landline number

PRESENT OR MOST RECENT EMPLOYMENT
Present / Last Employer:
Job Title:
Brief Job Description:
<i>*Please continue on a separate sheet if necessary</i>

Start Date:	End Date (if relevant):
Reason for Leaving:	
Address of Employer:	Contact person:
	Contact telephone:
Email	

LANGUAGES (IN ORDER OF FLUENCY)

Mother tongue(s):

Other languages in which you are proficient for teaching, interpreting / translation purposes

Language

Level of proficiency (Fluent/Advanced/Intermediate)

INTERPRETING /TRANSLATION EXPERIENCE/TEACHING

Please tell us briefly about any interpreting / translation and teaching experience you have:

**Please continue on a separate sheet if necessary*

REFERENCES

Please provide the names and contact details of two referees. Both should be in relation to previous employment or studies. At least one should be in relation to your interpreting / translation skills.

Name:

Organisation:

Position:

Address:

Email:

Telephone:

In which capacity do you know this person?

Name:

Organisation:

Position:

Address:

Email:

Telephone:

In which capacity do you know this person?

ARE YOU IN GOOD HEALTH?**ARE THERE ANY DISABILITIES THAT MAY AFFECT YOUR APPLICATION?**

Please describe disabilities and

- a) Any reasonable adjustments that you feel should be made to the recruitment process to assist you in your application,
- b) Any reasonable adjustments that you feel should be made to the job that would enable you to carry out the job.

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE? Declaration subject to the Rehabilitation of Offenders Act

YES NO

Please delete one

EMPLOYMENT STATUS

I understand that if I am offered the position of Language Tutor, Casual Interpreter /Translator with Linguist Point I will be contracted on a self-employed basis.

It is your responsibility to register yourself as self-employed.

RECRUITMENT POLICY

It is our policy to contract highly skilled people and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of race, colour, national origin, gender, age, sexual orientation, marital status or disability

VERIFICATION OF INFORMATION / DECLARATION

I authorise the company to obtain references to support this application after interview and prior to an offer being made and accepted. I release the company and referees from any liability caused by giving and receiving information.

Declaration: I confirm that the information given on this form is, to the best of my knowledge, true and complete.

Any false statement may be sufficient cause for rejection or, if contracted, dismissal.

Signature:

Date:

PLEASE RETURN THE COMPLETED FORM TO

info@linguistpoint.co.uk

or Linguist Point Limited

16A Pickering Road

Barking

IG11 8PG

Please remember to include proof of your right to work in the UK and copies of any interpreting / translation qualifications.

EQUAL OPPORTUNITY MONITORING FORM

Linguist Point Limited is committed to promoting equality, diversity and an inclusive and supportive environment for all.

We seek to ensure that people are treated equitably regardless of their gender, race, colour, ethnic or national origins, age, disability, socio-economic background, religious beliefs, marital status, family responsibilities, sexual orientation or other distinction.

In order to monitor the impact of this policy, it is necessary to collect information from all applicants on the key characteristics, which relate to equality and diversity in employment.

The information collected will be used for monitoring purposes under the terms of the Data Protection Act 1998. The information will be used to form statistical reports to assess the impact of our policy and promote equality of opportunity. On receipt of your application, this form will be detached and separated. The information contained in this form will not be disclosed to any persons responsible for the short-listing or selection process. You should declare a disability below if you perceive yourself at a disadvantage in obtaining, keeping or advancing your work due to a physical, sensory, mental, dietary, communicative, psychiatric, allergic or other impairment.

EQUAL OPPORTUNITY MONITORING FORM

(part 2)

You should declare a disability below if you perceive yourself at a disadvantage in obtaining, keeping or advancing your work due to a physical, sensory, mental, dietary, communicative, psychiatric, allergic or other impairment

Please ensure that this form is returned with your completed application form

Date of Birth	
Disability	I wish to declare a disability (brief detail)
Sex	
Ethnicity	PLEASE SELECT FROM White European White Other Black Caribbean Black African Black Other Asian Indian Asian Pakistani Asian Bangladeshi Asian Other Chinese Other
Nationality	

Signed		Print name	
Date			