Immigration and Refugee Board of Canada   Commission de l'immigration et du statut de réfugié du Canada

This area to be completed by IRB
SIN No:

Interpreter Application Form

Given name and surname	Date of birth (yyyy/mm/dd)	Place of birth

Mailing address (number and street)	Apt. #	City	Province	Postal code

Telephone number ( )	Fax number ( )	Other ( )	Electronic mail address

Status

☐ Canadian citizen ☐ Permanent resident ☐ Other: _____

The Immigration and Refugee Board of Canada (IRB) is committed to equity and diversity. From time to time, the IRB may have specific contract work that requires a contractor of a specific gender. For example, a request may be made for interpretation services for a victim of sexual violence to be provided by someone of the same gender. You are not required to self-identify, however if you are interested in self-identifying for this purpose, please do so below.

I identify as (gender): _____

Some proceeding s at the Immigration and Refugee Board of Canada may require contractors with knowledg e of specialized vocabulary. This can include for example knowledge of military, religious or sexual orientation, gender identity and expression (SOGIE) terminology. Contracts will be issued regardless of specialized knowle dg e but specialized knowle dg e may be used to determine suitability for specific assignments. You may self-ide ntify any specialized knowle dge you have below:

LANGUAGE(S) SPOKEN	LANGUAGE(S) WRITTEN	LANGUAGE(S) READ
Official language(s)		
☐ English ☐ French ☐ Both	☐ English ☐ French ☐ Both	☐ English ☐ French ☐ Both
Interpretation language(s) and dialect(s)		

Interpretation experience: ☐ No ☐ Yes (Please specify below) & list any other agency you are currently providing interpretation services for)

_____

_____

_____

_____

Availability (Indicate days of week and time)

_____

_____

_____

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Virtual Hearings

The Immigration and Refugee Board of Canada (IRB) is conducting hearings in-person and virtually using Microsoft Teams. You must be able to provide services in-person. In order to be considered for virtual hearings, you must meet the requirements listed below (please check all that apply).

☐ You must have a computer, tablet, or phone with a webcam that is secure. This should include a legally licensed operating system with up-to-date security patches, as well as anti-virus and anti-spyware software, if such security measures are available for your electronic device. For more information, see the Government of Canada "cyber safe" recommendations.

☐ A room in your home where you can participate privately

☐ Access to an internet connection that is stable and fast enough to facilitate reliable videoconferencing (a minimum of 1.5 Mbps).

EDUCATION

Elementary: ☐ Completed ☐ Uncompleted **Secondary:** ☐ Completed ☐ Uncompleted Number of years completed: _____

Post-secondary: ☐ Completed ☐ Uncompleted Graduation year: _____ Title of diploma: _____

EMPLOYMENT EXPERIENCE

Are you presently, or have you ever been an employee of the Federal Public Service, a Crown Corporation, the RCMP, the Armed Forces or a Governor-in-Council Appointee? ☐ Yes ☐ No

If yes, and are presently an employee, are you a : ☐ Casual ☐ Indeterminate

If yes, and have been an employee, are you receiving a government pension? ☐ Yes ☐ No

If yes, include your retirement date (yyyy/mm/dd): _____

Business number (GST-HST), if applicable: _____

1. Name of present employer		From (yyyy/mm/dd)	To (yyyy/mm/dd)

Address (number and street)	Apt. #	City	Province	Postal code

Job title and description of duties:

2. Name of previous employer		From (yyyy/mm/dd)	To (yyyy/mm/dd)

Address (number and street)	Apt. #	City	Province	Postal code

Job title and description of duties:

EMPLOYMENT OR VOLUNTARY INTERPRETING EXPERIENCE

1. Name	From (yyyy/mm/dd)	To (yyyy/mm/dd)	2. Name	From (yyyy/mm/dd)	To (yyyy/mm/dd)
3. Name	From (yyyy/mm/dd)	To (yyyy/mm/dd)	4. Name	From (yyyy/mm/dd)	To (yyyy/mm/dd)

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NAME THREE PERSONS WHO KNOW OF YOUR WORK AND WHOM WE MAY CONTACT CONFIDENTIALLY:

1. Name and position title	Employed by	Telephone number ( )
2. Name and position title	Employed by	Telephone number ( )
3. Name and position title	Employed by	Telephone number ( )

ALL INTERPRETERS MUST SUCCESSFULLY PASS A SECURITY SCREENING LEVEL OF RELIABILITY STATUS

All of the information I have given in this form is true to the best of my knowledge.

_____   _____
                                    Signature   Date (yyyy/mm/dd)

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