



Australian Government

Department of Immigration and Citizenship

TIS SERVICE PROVIDER APPLICATION FORM

Please complete this form and return it to this office with evidence of Australian citizenship or permanent residence

Surname

Given Name(s)

Please tick ✓

Please tick ✓

Date of Birth

Male Female

Dr Mr Mrs Miss Ms

Country of Birth

Residential address

Contact Numbers (Please notify TIS of any changes)

Home ( )

Work ( )

Mobile

Fax ( )

E-mail

Postal Address (if different from above)

Table with 3 columns: Question, Please Tick ✓, Yes, No. Rows: Are you an Australian Citizen?, Are you a Permanent Resident?, Are you a Migration Agent?

Table with 2 columns: Highest Educational Qualifications, Interpreting Qualifications. Includes a section for Interpreting Experience (if any).

people our business



TIS National Centre GPO Box 241 Melbourne Victoria 3001

Telephone: 131450 Facsimile: 1300 654 151

Email: tis@immi.gov.au Website: www.immi.gov.au/tis

Current Employers Name and Address	Occupation	Full time/Part time

Languages in which you are proficient for interpreting purposes:		
Language	Mother Tongue (Yes/No)	NAATI Accreditation Level (if applicable)

Availability for interpreting			
Telephone Interpreting		Onsite Interpreting	
Days Available – Hours Available From - To		Days Available – Hours Available From - To	
Monday		Monday	
Tuesday		Tuesday	
Wednesday		Wednesday	
Thursday		Thursday	
Friday		Friday	
Saturday		Saturday	
Sunday		Sunday	

Comments in support of application (attach extra page if necessary)	
Signature:	Date: