



Australian Government  
Department of Immigration and Citizenship

# Application for exemption from TIS charges

## SECTION 1 - ORGANISATION DETAILS

### Name and address of applicant organisation:

Name of Organisation:	
Postal Address:	
	<i>(Postcode)</i>
Street Address:	
	<i>(Postcode)</i>

### Former Name and Address of organisation, if applicable:

Name of Organisation:	
Postal Address:	
	<i>(Postcode)</i>
Street Address:	
	<i>(Postcode)</i>

### Contact person for this application:

Name:			
Job Title:			
Telephone:		Facsimile:	

## SECTION 2 – ELIGIBILITY FOR FEE-FREE INTERPRETING SERVICES

*(Please ensure you provide all the information requested. If you have any questions about this form, please ring TIS National on 1300 655 820)*

1. What services do you provide to people from a non- English-speaking background who are Australian citizens or permanent residents?


2. Is your organisation non-profit and community based? *(Please tick)*  **Yes**  **No**
3. Is your organisation a non-government organisation?  **Yes**  **No**

4. Is the service for which you are seeking fee-free interpreting a direct Government out-sourced program eg Job Network?  Yes  No

5. Describe service for which you are applying for exemption from TIS charges:

*(If you are applying for an exemption for more than one service delivered by your organisation, please fill out a separate form for each service).*


What level of Government funding is received for this service?  Full  Partial  None

**Note: If service is government funded, interpreting costs should be built into the funding agreement. Government funded services are not eligible for exemption from interpreting fees. Please seek funding for interpreting costs from your funding agency.**

If partial Government funding is provided, please provide a brief description of the funding arrangements for this service. Please also attach a copy of the funding agreement to support your application.


Funding period: From .....to.....

*(Please provide the full name of the funding Department, a contact name and number and indicate whether it is a State or Commonwealth Department)*

Funding Department:

Contact Name:

Contact Number:   State  Commonwealth

Have you previously lodged an application for Exemption from Interpreting Fees?  Yes  No

If yes, please specify:

Date:

Client Code:

**DECLARATION:**

I,  *(print name of signatory)*

am authorised by  *(organisation name)*

to provide the above information, certify that the information is true and accurate.

ACN/ ABN *(if applicable)*:

Signature:  Date:  / /   
*(day/month/year)*

Job Title *(please print)*:

<b>FOR OFFICE USE ONLY</b>	
Eligibility met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Approval is for <b>some</b> services only. Please clarify.
Approval assessed by:	<input type="text"/>
Office/ Section:	<input type="text"/> Date: <input type="text"/>