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**Interpreter On-Dossier Certification**

**Application Form**

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| **I. PERSONAL INFORMATION** | | | | | | | | | | | | | |
| Last Name | | | | | First Name | | | | | | | Initial | |
| Address | | | | | | | | | | | | | |
| City | | | Province | | | | | | | | Postal Code | | |
| ( ) -  Phone number (home) | ( ) -  Phone number (work) | | | | | | | | ( ) -  Cellphone | | | | |
| Email | | | | | | | | | | | | | |
| **II. LANGUAGE COMBINATION** | | | | | | | | | | | | | |
| First Language | | TO | | Second Language | | | | | | Applying under criteria: | | | 1, 2, 3 or 4 |
| **III. PROFESSIONAL STATUS** | | | | | | | | | | | | | |
| Salaried 🞏 Freelance\* 🞏 Retired 🞏  \*Freelance: Accepts occasional interpretation assignments | | | | | | | | | | | | | |
| **IV. EDUCATION**  Please list your four most recent and relevant post-secondary studies and attach copies of your diplomas and transcripts or certified translations into English thereof if applicable. | | | | | | | | | | | | | |
| Institution 1 (university, college, other post-secondary) | | City, country | | | | | | Program of Studies | | | | | |
| Degree/diploma obtained | | | | | | | | -  Year: from to | | | | | |
| Institution 2 (university, college, other post-secondary) | | City, country | | | | | | Program of Studies | | | | | |
| Degree/diploma obtained | | | | | | | | -  Year: from to | | | | | |
| Institution 3 (university, college, other post-secondary) | | City, country | | | | | | Program of Studies | | | | | |
| Degree/diploma obtained | | | | | | | | -  Year: from to | | | | | |
| Institution 4 (university, college, other post-secondary) | | City, country | | | | | | Program of Studies | | | | | |
| Degree/diploma obtained | | | | | | | | -  Year: from to | | | | | |
| **V. EXPERIENCE**  Please detail your experience **only** in the language combination in which you are applying for certification. If you need more space, please enclose additional pages. | | | | | | | | | | | | | |
| Years of experience in the language combination: | | | | | | | | | | |  | | |
| 1. Company/Employer (if self-employed, write your company’s name or specify “self-employed”) | | | | | | | | | | | | | |
| Job Title | | | | | | | Employment period  From (mm/yyyy) to (mm/yyyy) | | | | | | |
| Supervisor (if self-employed, write “self-employed”) | | | | | | Supervisor’s Job Title (if self-employed, write “N/A”) | | | | | | | |
| Supervisor’s contact information (if self-employed, write “N/A”)  ( ) - ( ) - ( ) -  Email address Phone number Alternative phone number Cellphone | | | | | | | | | | | | | |

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| --- | --- | --- | --- |
| 2. Company/Employer (if self-employed, write your company’s name or specify “self-employed”) | | | |
| Job Title | | | Employment period  From (mm/yyyy) to (mm/yyyy) |
| Supervisor (if self-employed, write “self-employed”) | | Supervisor’s Job Title (if self-employed, write “N/A”) | |
| Supervisor’s contact information (if self-employed, write “N/A”)  ( ) - ( ) - ( ) -  Email address Phone number Alternative phone number Cellphone | | | |
| 3. Company/Employer (if self-employed, write your company’s name or specify “self-employed”) | | | |
| Job Title | | | Employment period  From (mm/yyyy) to (mm/yyyy) |
| Supervisor (if self-employed, write “self-employed”) | | Supervisor’s Job Title (if self-employed, write “N/A”) | |
| Supervisor’s contact information (if self-employed, write “N/A”)  ( ) - ( ) - ( ) -  Email address Phone number Alternative phone number Cellphone | | | |
| **VI. SPONSORS**  You will need three sponsors to support your application. Please refer to the “Application Instructions and Appendix D – Definitions” for details about your sponsors. | | | |
| Sponsor 1 (Same language combination) (Full name) | Job Title | | |
| Sponsor’s contact information:  ( ) - ( ) - ( ) -  Email address Phone number Alternative phone number Cellphone | | | |
| Sponsor 2 (Full name) | Job Title | | |
| Sponsor’s contact information:  ( ) - ( ) - ( ) -  Email address Phone number Alternative phone number Cellphone | | | |
| Sponsor 3 (Full name) | Job Title | | |
| Sponsor’s contact information:  ( ) - ( ) - ( ) -  Email address Phone number Alternative phone number Cellphone | | | |
| **VII. REFERENCES**  You will need two references to support your application. Please refer to the “Application Instructions and Appendix D – Definitions” for details about your references. | | | |
| Reference 1 (Full name) | Reference’s Job Title | | |
| Reference’s contact information:  ( ) - ( ) - ( ) -  Email address Phone number Alternative phone number Cellphone | | | |
| Reference 2 (Full name) | Reference’s Job Title | | |
| Reference’s contact information:  ( ) - ( ) - ( ) -  Email address Phone number Alternative phone number Cellphone | | | |

CILISAT Certificate Yes \_\_\_ No \_\_\_\_ If yes provide certificate

For Certified Court Interpreters

Language Combination:  EnglishandSecond Language

Have you worked as an interpreter in 2 trials with a duration of one week or more each?

Yes  \_\_\_  No \_\_\_

**Hours of experience**

I have \_\_\_\_\_\_\_\_ hours of experience working in a legal setting. (Please enclose excel form with hour log)

**Declaration**

I declare that the information contained herein is true.  I understand that ATIA reserves the

right to contact my former employers and/or clients to verify the

documentation submitted.

Signature:  Name   Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_