

COMMITTED TO POSITIVELY CHANGING THE FUTURE OF YOUR PROFESSION

Before you start... a few words

Thanks for taking the time to consider joining ezispeak™. We are passionate about the interpreting industry and understand the value in what you do - everyday. Our mission is to work with technology and interpreters to innovate and improve access and communication for the non-English community, developing a self-serve model, any language, anytime, anywhere.

A small favour!

Please read the form thoroughly and try to answer all the questions. If you're unsure of anything in this application form, send us an email and we'll get back to you ASAP.

To support your ezispeak™ application, we require the following documentation:

| | | | |
|---|--|--|--|
| A copy of your photo identification - for example, a driver's license or a passport. | | Copies of documentation supporting your language accreditation (certificate or letter of accreditation) | |
| Copies of documentation supporting any professional/tertiary qualifications you may have. | | Certified copies of security clearances (or evidence of on-line application) (Eg. National Police Check and/or Working with Children Check). | |
| Other documentation (i.e. CV) you may feel is appropriate for us to have supporting your application. | | Signed Contract Agreement (attached) | |

Please tick relevant boxes to ensure your application is complete. Sending your application without the supporting documentation only delays the process.

When completed, please send your application and your supporting documentation to:

ezispeak™
 Attention: Service Delivery Team
 PO Box 1004
 Richmond North, VIC 3121
 Or E: work@ezispeak.com.au

This application form can be completed electronically but we do require a signature (or digital signature) for the contract agreement so if you do not have this functionality please send the interpreter contract agreement back in the mail.

Upon successful application, we will provide you with an "ezispeak™- Interpreter Induction" which contains details on how to work with us, your contract, conditions of engagement, a superannuation nomination form and a form for banking and taxation treatment.

And again, thank you for taking the time to complete our application form. If you have any questions, please feel free to email us and we will respond straight away.

Email: work@ezispeak.com.au

1. Your personal information

Salutation _____ (Mr, Mrs, Ms, Miss, Dr etc)

Family name _____

Given name _____

Gender _____

Date of Birth _____ (DD/MM/YYYY) Required for superannuation purposes only

Residential Address _____

Postcode _____ State _____

Postal Address (Mail Purposes Only) Postcode _____ State _____

Telephone BUS No _____ Telephone AH No _____

Mobile Phone No _____ Email _____

Where were you born? _____

Residency status? _____ (Citizen or Resident) Year of Migration: _____

If you hold a temporary entry visa for Australia, do you have permission to work in Australia? YES NO

Please provide us with your VISA Class/Subclass _____ Your Visa Number _____

2. Are you NAATI Accredited?

YES NO

If you answer **NO**: Unless the language in which you are proficient does not have a recognized NAATI Accreditation, we cannot proceed with this application. As a prospective member of our interpreter network, it is a pre-requisite that all our interpreters have NAATI accreditation. Please follow the link below to the accreditation testing requirements.

https://www.naati.com.au/media/1137/languages_with_accreditation_testing.pdf

3. Your interpreting qualifications and professional experience

How did you get your accreditation? _____ (i.e. Uni, Course, Accreditation test)

Name of Accreditation body _____ Your Accreditation no _____

Using the selection guide below, please specify your qualified languages, your accreditation level and the method of your accreditation. Please include recognition from NAATI for languages currently not tested in Australia.

| Languages you speak where you have accreditation | | | | |
|--|---------------------|-------------|--------|-----------------------|
| Language (inc English) | Accreditation Level | Expiry Date | Method | Any other information |
| | | | | |
| | | | | |
| | | | | |

*If you specify language proficiency in non-NAATI tested languages, we may require verification of your interpreting experience working across these languages.

Tell us about your experience including current organisations you provide services for:

Do you hold any Higher Education qualifications? If so, please document them here

4. With our strong technical focus, we need to understand what technology you have access to

Computers

Do you have access to a computer? YES NO

Is your computer a desktop or laptop? _____

Is your computer Windows or Apple? _____

Is this device connected to the internet? YES NO

Mobile/Smart Phones

Will you be using a mobile device or landline to answer calls? Mobile Device/ Landline/ Both (Please circle)

5. Your availability is important to us

ezispeak™ offers interpreting on Demand™ which operates 24hours a day. Because we work differently to other language service providers, we would appreciate some details on your availability. We realize this cannot be totally accurate but if you mix phone with face to face, so your availability is varied, please state that in the allocated time period.

| Date and Time Period | 8am-10am | 10am-12 noon | 12noon-2pm | 2pm-4pm | 4pm-6pm | 6pm-10pm | 10pm-8am |
|----------------------|----------|--------------|------------|---------|---------|----------|----------|
| Monday | | | | | | | |
| Tuesday | | | | | | | |
| Wednesday | | | | | | | |
| Thursday | | | | | | | |
| Friday | | | | | | | |
| Saturday | | | | | | | |
| Sunday | | | | | | | |

6. Doing business with ezispeak™

We give interpreters flexibility with how handle their own financial affairs. Our model promotes independence with greater financial rewards, super, learning opportunities with better work/life balance.

7. Refer to the financial form included on page 5 to this application

This page requires your completion and return along with this application

8. INTERPRETER ACKNOWLEDGMENT

I, _____ PRINT NAME

_____ SIGNATURE

_____ DATE (DD/MM/YYYY)

Declare to the best of my knowledge that all the information contained in this application form provided by me is true and correct.

Privacy and Collection of Information: ezispeak™ respects your right to privacy. We collect personal information for the purposes of recruitment and engagement only which we may save for future references. This information may be used to contact you in the future by mail, e-mail or phone to convey information about our recruitment opportunities which we feel may benefit you. We will not provide nor sell your information to third party.



FINANCIAL DETAILS FORM

Please ensure that all details are completed. Payments can not be transferred unless all items are completed

Should your application be unsuccessful please note that all details in this form will be destroyed

If you have queries or wish to discuss the following details please do not hesitate to contact us in the office on 1800 796 518

(1) **NAME:**

| BANK DETAILS | COMPLETED |
|--------------|-----------|
|--------------|-----------|

- (2) ACCOUNT NAME: _____
- (3) BANK INSTITUTION: _____
- (4) BSB: _____
- (5) ACCOUNT NUMBER: _____

| TAX DETAILS | COMPLETED |
|-------------|-----------|
|-------------|-----------|

- (6) TAX FILE NUMBER (TFN): _____
- (7) AUSTRALIAN BUSINESS NUMBER (ABN): _____
Please note if no ABN is provided the business is required to withheld a certain per centage as prescribed by the Australian Taxation office
- (8) Are you registered for Goods and Services Tax (GST): Yes No

| SUPERANNUATION DETAILS | COMPLETED |
|------------------------|-----------|
|------------------------|-----------|

- (9) FUND PROVIDER: _____
- (10) FUND ABN: _____
- (11) UNIQUE SUPERANNUATION IDENTIFIER (USI): _____
Please contact your fund provider to obtain this number
- (12) MEMBER NUMBER: _____
*Please complete items 13 to 14 only if you have a Self Managed Super Fund (SMSF)
- (13) ESA Number : _____
- (14) You will need to attach a document confirming the SMSF is an ATO regulated super fund
You can located and print a copy of the compliance satus for your SMSF by searching using the ABN or fund name in Super Fund Lookup at superlookup.gov.au

| SIGNATURE & DATE | COMPLETED |
|------------------|-----------|
|------------------|-----------|

- SIGNATURE: _____
- DATE: _____