



DIPLOMA IN SUPERVISION FOR SIGN LANGUAGE INTERPRETERS 2017-18

APPLICATION FORM

Name:
Address:
Phone number:
Email address:

Qualifications: (NB- *please provide evidence)

Registration Body (NB *please provide evidence)

Please provide evidence of professional indemnity insurance (if a requirement of registration, above evidence will be sufficient)

How many years have you been in (post qualifying) practice as a sign language interpreter?

Please offer a brief summary of your work experience as an interpreter

What inspired you to become a sign language interpreter?

Please offer a brief summary of your experience of giving or receiving supervision?

Please offer a brief summary of why you would like to enrol on this course

Please provide us with details of two referees:

PROFESSIONAL REFEREE

Name:
Occupation/position:
Address:
Tel:
Email:

Signed:

Date:

PERSONAL REFEREE

Name:
Relationship to applicant:
Address:
Tel:
Email:

Please send your completed form to:

Diploma in Supervision Administration
342 Ditchling Road,
Brighton BN1 6JG
OR
info@360supervision.co.uk

(*enclosing/attaching copies of qualifications, registration and insurance details)

THANK YOU