

Intake form candidate translator or interpreter

PERSONAL DETAILS

Surname:

First name:

Home phone no.:

Mobile phone no.:

E-mail:

Address:

City:

ZIP Code:

Date of birth:

Gender:

Place of birth:

Country of birth:

Country of origin: (when different from country of birth)

Current nationality:

Have you ever applied for international protection?

(Tick what applies)

☐ No

☐ Yes

In Belgium? ☐

Do you object to the CGRS looking into your file regarding your application for international protection? ☐ Yes ☐ No

In another EU member state? ☐

Which member state?

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BOOKKEEPING DATA (Tick what applies)

☐ I am self-employed

☐ I am not (yet) self-employed

☐ I declare that I am aware of the fact that, under social law, any interpretation and translation services I provide for the CGRS are normally regarded as a self-employed activity. As soon as my application as a translator and/or interpreter is approved, I will take the necessary steps to comply with the status of self-employed person.

ACADEMIC RECORD

Diploma/Degree/Certificate in the COUNTRY OF ORIGIN

(Tick what applies)

☐ Yes ☐ No

Discipline:

Language of instruction:

Name of educational institution:

Place of educational institution:

Diploma/Degree/Certificate in BELGIUM and/or ANOTHER EU MEMBER STATE

(Tick what applies)

☐ Yes ☐ No

☐ **Master** (or equivalent)

☐ in interpretation

☐ in translation

Language of instruction:

Name of educational institution:

Place of educational institution:

Language combinations:

☐ Other

Discipline:

Language of instruction:

Name of educational institution:

Place of educational institution:

☐ **Bachelor** (or equivalent)

☐ **applied linguistics**

Language of instruction:

Name of educational institution:

Place of educational institution:

Language combinations:

☐ Other

Discipline:

Language of instruction:

Place of educational institution:

Name of educational institution:

☐ **Higher secondary education / A-level** (or equivalent)

Discipline:

Language of instruction:

Place of educational institution:

Name of educational institution:

☐ Other

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Discipline:

Level:

Language of instruction:

Name of educational institution:

Place of educational institution:

We would like to receive a copy of your diploma/certificate/attest, please add it as an attachment.

SPECIAL TRAINING FOR INTERPRETER (OTHER THAN A MASTER IN INTERPRETATION)

Have you received special training in INTERPRETATION?

(Tick what applies)

☐ Yes ☐ No

☐ **Minimum
60 hours**

☐ **Minimum
20 hours**

☐ **Other:
Number of hours:**

Which training:

Name of educational institution:

Place of educational institution:

Have you received special training in TRANSLATION?

(Tick what applies)

☐ Yes ☐ No

Number of hours :

Which training:

Name of educational institution:

Place of educational institution:

LANGUAGE PROFICIENCY

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Spoken language (interpretation)

Mother tongue:

Source language (other than French, Dutch or English)

Other source language(s) from which you would like to interpret and in which you are very proficient:

(Tick what applies)

Language: _____	<input type="checkbox"/> good	<input type="checkbox"/> very good
Language: _____	<input type="checkbox"/> good	<input type="checkbox"/> very good
Language: _____	<input type="checkbox"/> good	<input type="checkbox"/> very good
Language: _____	<input type="checkbox"/> good	<input type="checkbox"/> very good

Certificate of the Common European Framework of Reference for Languages (CEFR) (or equivalent):

(Tick what applies)

☐ Yes ☐ No

☐ C2 Source language(s)

☐ C1 Source language(s)

☐ B2 Source language(s)

☐ B1, A2, A1

Target language

Mother tongue:

Source language

(other than French, Dutch or English)

Other source language(s) from which you would like to interpret and in which you are very proficient::

(Tick what applies)

French:	<input type="checkbox"/> good	<input type="checkbox"/> very good
Dutch:	<input type="checkbox"/> good	<input type="checkbox"/> very good
English:	<input type="checkbox"/> good	<input type="checkbox"/> very good

Certificate of the Common European Framework of Reference for Languages (CEFR) (or equivalent):

(Tick what applies)

☐ Yes ☐ No

☐ C2 Source language(s)

☐ C1 Source language(s)

☐ B2 Source language(s)

☐ B1, A2, A1

Written language (translation)

Mother tongue:

Source language (other than French, Dutch or English)

Other source language(s) from you would like to translate and in which you are very proficient:

(Tick what applies)

Language :

☐ good

☐ very good

Language :

☐ good

☐ very good

Language :

☐ good

☐ very good

Language :

☐ good

☐ very good

Certificate of the Common European Framework of Reference for Languages (CEFR) (or equivalent):

(Tick what applies)

☐ Yes ☐ No

☐ C2 Source language(s)

☐ C1 Source language(s)

☐ B2 Source language(s)

☐ B1, A2, A1

Target language (French, Dutch or English)

Mother tongue:

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Other target language(s) into which you would like to translate and in which you are very proficient:

(Tick what applies)

French:	<input type="checkbox"/> good	<input type="checkbox"/> very good
Dutch:	<input type="checkbox"/> good	<input type="checkbox"/> very good
English:	<input type="checkbox"/> good	<input type="checkbox"/> very good

Certificate of the Common European Framework of Reference for Languages (CEFR) (or equivalent):

(Tick what applies)

☐ Yes ☐ No

☐ C2 Source language(s)

☐ C1 Source language(s)

☐ B2 Source language(s)

☐ B1, A2, A1

We would like to receive a copy of your certificate(s), please add it as an attachment.

PRIOR EXPERIENCE AS INTERPRETER AND/OR TRANSLATOR

Have you already interpreted in an official capacity (for lawyers, companies, public authorities etc.)?

(Tick what applies)

☐ Yes ☐ No

Client(s) + date of first interpretation assignment for this client:	<input type="checkbox"/> rarely	<input type="checkbox"/> occasionally	<input type="checkbox"/> regularly	<input type="checkbox"/> often
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Client(s) + date of first interpretation assignment for this client:	<input type="checkbox"/> rarely	<input type="checkbox"/> occasionally	<input type="checkbox"/> regularly	<input type="checkbox"/> often
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Client(s) + date of first interpretation assignment for this client:	<input type="checkbox"/> rarely	<input type="checkbox"/> occasionally	<input type="checkbox"/> regularly	<input type="checkbox"/> often
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Client(s) + date of first interpretation assignment for this client:

☐ rarely

☐ occasionally

☐ regularly

☐ often

Have you already translated in an official capacity for lawyers, companies, public authorities etc.)?

(Tick what applies)

☐ Yes ☐ No

Client(s) + date of first interpretation assignment for this client:

☐ rarely

☐ occasionally

☐ regularly

☐ often

Client(s) + date of first interpretation assignment for this client:

☐ rarely

☐ occasionally

☐ regularly

☐ often

Client(s) + date of first interpretation assignment for this client:

☐ rarely

☐ occasionally

☐ regularly

☐ often

Client(s) + date of first interpretation assignment for this client:

☐ rarely

☐ occasionally

☐ regularly

☐ often

We would like to receive a copy of your proof(s) as an interpreter, translator or sworn translator/interpreter, please attach them.

AVAILABILITY

I am available for interpretation tasks during the following business hours:

(Tick what applies)

☐

☐

☐

☐ Monday 8:30 a.m. to 1:00 p.m.

☐ Tuesday 8:30 a.m. to 1:00 p.m.

☐ Wednesday 8:30 a.m. to 1:00 p.m.

☐ Thursday 8:30 a.m. to 1:00 p.m.

☐ Friday 8:30 a.m. to 1:00 p.m.

☐ Monday 1:30 to 6:00 p.m.

☐ Tuesday 1:30 to 6:00 p.m.

☐ Wednesday 1:30 to 6:00 p.m.

☐ Thursday 1:30 to 6:00 p.m.

☐ Friday 1:30 to 6:00 p.m.

MEDIA

Do you use social media?

(Tick what applies)

☐ Yes ☐ No

Which ones?

Are you member of a social network or a special interest group on the internet?

☐ Yes ☐ No

Which ones?

Do you have your own internet page?

☐ Yes ☐ No

Name(s) ?

Do you publish on the internet (discussion forum, blog etc.)?

☐ Yes ☐ No

Name(s) ?

MOTIVATION

Why do you wish to carry out interpretation and/or translation tasks specifically for the CGRS?

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DEONTOLOGY

- ☐ I declare that I have read the [Code of Behaviour](#) for translators-interpreters.
- ☐ I agree to undergo a security check by the National Security Authority in accordance with the laws of 11 December 1998 on security authorisations and their implementing decrees (basic police and judicial information will be checked as well as whether you are known by the Belgian intelligence and security services).
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