



## Book An Alternative Communication Facilitator/Request An Alternative Communication Service

### Contact Details

Booking Person Details

#### Name

First Name

Last Name

#### Phone Number

Area Code

Phone Number

#### E-mail

example@example.com

#### Address

Street Address

Street Address Line 2

## Company

Company Name

# Service Recipient Contact Details

## Same As Above

## Name

First Name

Last Name

## Gender

Male

Female

Non Binary

## Age

## Email

example@example.com

## Phone Number

Area Code

Phone Number

## Address

Street Address

Street Address Line 2

City

State / Province

### **I am**

Deaf

deaf

Hard of Hearing

None of the above but require assisted communication

## **Alternative Communication Services**

### **Tick Required Service(s)**

Lip Speaker Interpreter

Cued Speech Practitioner

Sign Language Interpreter

Live Captioner

Gesturer

Whisper Interpreter

Transcriber

Visual Sketcher

Lip Reader

Emergency and Afterhours Assisted Communication

Needs Assessment

Note Taker

### **LifeStyle Support Services**

## Venue

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

## Date



Month

Day

Year

## Time

Hour

Minutes

# Material Adaptation and Support Services

## Tick Required Service(s)

Alternative Communication Material Development

Personalised Material Adaptation

Visual Adaptation, Video Subtitling, Captioning and Sign Language

Source Text Simplification

Transcription

Translation

Simple Document Editing (English, Afrikaans, Shona)

Training of Augmentative & Alternative Communication Facilitators

Deaf and deaf Culture sensitisation training/workshops

Needs Assessment

Research

## Additional Information/Specific Requests

