



CACDP ONLINE DIRECTORY ENTRY FORM

Advertising Details

If you supplied advertising details with your current year's registration form, a printout of this information is enclosed. **If you are not currently advertising in the CACDP Online Directory or you are registering for the first time and wish to advertise, please complete ALL sections.** The details you supply on this form will be used in your advertising entry.

1. Contact Details

Please ✓ if there are no changes to your existing entry or indicate any changes below:

| | |
|---------------|--|
| Name | |
| Address | |
| | |
| | |
| Email address | |

Telephone contact details

For each telephone number please include the STD code and telephone number, and delete as applicable to identify the type of telephone and service available. Only four telephone numbers can be included.

| STD code | Telephone number | Please delete as necessary |
|----------|------------------|---------------------------------------|
| | | Voice/fax/answerphone/text/mobile/SMS |
| | | Voice/fax/answerphone/text/mobile/SMS |
| | | Voice/fax/answerphone/text/mobile/SMS |
| | | Voice/fax/answerphone/text/mobile/SMS |

2. Availability

Please ✓ if there are no changes to your existing entry or indicate any changes below:

Availability for work (Please ✓ all relevant boxes)

Weekdays Evenings Weekends

Regions/countries Please see list of regions and insert the appropriate number(s) for the regions/countries you are willing to cover.

Catchment (i.e. areas willing to travel to) Please give details of how far you are prepared to travel for assignments (e.g. 50 mile radius from home, within two hours travel from home).

3. Additional Relevant Qualifications

Please ✓ if there are no changes to your existing entry or indicate any changes below:

These are qualifications that are not directly related to your category of registration, but which may be relevant. These might include:

- Other qualifications in communication and language (e.g. those awarded by CACDP).
- Professional qualifications (e.g. Teaching, Social Work, Law).
- Specialist professional qualifications (e.g. Teaching or Social Work with Deaf People).

| Additional relevant qualifications/training | Please specify | Date achieved |
|---|----------------|---------------|
| Communication/language | | |
| Professional | | |
| Specialist Professional | | |

4. Employment Details

Please ✓ if there are no changes to your existing entry or indicate any changes below:

Please insert here details of your employment status and employer (where relevant).

Full-time Part-time
 Employed Self-employed

Job title

Employer (where relevant)

5. Membership of Relevant Professional Organisations

Please ✓ if there are no changes to your existing entry or indicate any changes below:

| | |
|--|--|
| Association of Sign Language Interpreters (ASLI) | |
| Scottish Association of Sign Language Interpreters (SASLI) | |
| British Institute of Verbatim Reporters (BIVR) | |
| Association of Verbatim Speech to Text Reporters (AVSTTR) | |
| Association of Lipspeakers (ALS) | |
| Association of Notetaking Professionals (ANP) | |
| Other (please specify) | |

6. Range of Assignments by Domain and Sub-Domain

Please indicate those domains in which you are willing to work, and domains in which you are not willing to work.

For information

The open pages of the CACDP Directory lists all domains, by way of general information. In the password protected section of the Directory the items in italics, and your preference for each will be displayed in the form of two lists – one listing those assignments which you are willing to undertake and the other, assignments which you are not willing to undertake.

Please read “Limitations for Trainee Interpreters and Junior Trainee Interpreters” or “Limitations for Level 2 Lipspeakers” prior to completing this section.

If you wish to change your existing advertising details, please tick box B and show your new details in this section. Please tick box A, if you do not wish to make any changes. **New applicants must complete this section.**

| Range of Interpreting Assignments | | | |
|--|--|---|---|
| A – I do not wish to change my range of assignments | | (Please ✓) <input type="checkbox"/> | |
| B – I wish to change my range of assignments and my new details are shown below | | (Please ✓) <input type="checkbox"/> | |
| | Please tick one column per row. | Willing to undertake (Please ✓) | Do not wish to undertake (Please ✓) |
| Education | <i>Adult</i> Education, i.e. 'leisure' courses | | |
| | <i>Further</i> Education | | |
| | <i>Higher</i> Education and professional | | |
| | <i>Schools</i> , e.g. classroom, staff meetings/training, parents' meetings | | |
| | <i>SEN tribunals</i> | | |
| Employment | <i>Disciplinary</i> proceedings – employment | | |
| | <i>Interviews</i> | | |
| | <i>Training/professional</i> development | | |
| | <i>Work support</i> , e.g. telephone interpreting, meetings, correspondence, supervision | | |
| Health and Social Services | <i>Child protection</i> case conferences | | |
| | <i>Community</i> consultation meetings | | |
| | <i>Housing</i> | | |
| | <i>Physical health</i> , e.g. GPs, hospitals, physio, opticians, dentists, health visitors, ante-natal | | |
| | <i>Social Services casework</i> | | |
| | <i>Social Services home visits</i> and assessments | | |
| Legal and Quasi-judicial | <i>Courts</i> , e.g. magistrates, crown, civil | | |
| | <i>Memorandum interviews</i> with children and vulnerable adults | | |
| | <i>Police interviews</i> (including customs and immigration) | | |
| | <i>Prison</i> or probation | | |
| | <i>Solicitors'/barristers' meetings</i> , law centres | | |
| | <i>Tribunals</i> , e.g. DLA appeals, employment, immigration | | |

| | Please tick one column per row. | Willing to undertake (Please ✓) | Do not wish to undertake (Please ✓) |
|---|---|---|---|
| Leisure | <i>Social events, e.g. wedding reception</i> | | |
| | <i>Sport indoor</i> | | |
| | <i>Sport outdoor, outdoor pursuits</i> | | |
| Mental Health | <i>Clinical interviews, e.g. mental state examinations, assessments</i> | | |
| | <i>Clinical meetings</i> | | |
| | <i>Therapy/treatment</i> | | |
| | <i>Tribunals</i> | | |
| Other Specialisms | <i>Children and young people</i> | | |
| | <i>Conferences and large meetings</i> | | |
| | <i>Disabilities, i.e. deaf people with disabilities</i> | | |
| | <i>Disability politics</i> | | |
| | <i>Driving test</i> (not applicable to Deafblind Interpreters (Manual)) | | |
| | <i>Gay/Lesbian/Bisexual</i> | | |
| | <i>Hands On/Visual Frame</i> | | |
| | <i>Minimal language skills clients</i> | | |
| | <i>Other sign languages, e.g. ASL, ISL, international</i> (Not applicable to Deafblind Interpreters (Manual), Lipspeakers and STTR) | | |
| | <i>Political</i> | | |
| | <i>Religion specified, e.g. services, weddings, funerals</i> | | |
| | <i>Telephone</i> | | |
| | <i>Usher</i> | | |
| <i>Video telephony, i.e. remote, distance</i> | | | |
| Theatre, Arts, Television | <i>Deaf cabaret</i> | | |
| | <i>Talks, e.g. gallery, museum</i> | | |
| | <i>Television on screen, i.e. front of camera</i> | | |
| | <i>Theatre/opera performance, musicals, pantomime, comedy, etc</i> | | |
| | <i>Workshops or training, arts, TV</i> | | |

ID No

7. Declaration

I confirm that the information contained in this form is, to the best of my knowledge, correct at the time of writing.

I understand the information I have provided may be used in connection with CACDP's assessments, awarding and registration processes, charitable activities, products, services and events.

CACDP will not disclose this information to any other person or organisation, except in connection with the above purposes. CACDP's Data Protection Statement is available from the CACDP website (www.cacdp.org.uk) or by contacting CACDP's Head Office.

Signature

Date

Please return this form to:

Registration Department
c/o CACDP
Mersey House, Mandale Business Park,
Belmont
Durham DH1 1TH

Telephone: 0191 383 1155
Textphone: 0191 383 7915
Fax: 0191 383 7914
Email: durham@cacdp.org.uk