

# Hong Kong Christian Service CHEER

## 錄音服務預約申請表

### Voice Recording Service (VRS) Request Form

Voice-Script recording of translated text must be provided in the 8 EM languages. Materials would be related to promoting public resource information to the EM community. The recording format will be in MP3 format. This service is free of charge.

In the case you wish to request VRS via means other than calling the TELIS hotlines, you can fax the completed form together with your agency's chop and your signature to **fax (No.: 3106 0455) or email ([tis-cheer@hkcs.email](mailto:tis-cheer@hkcs.email))** at least **14 working days in advance**. We will reply you via email within 7 working days.

Information provided will be disclosed to our assigned interpreters and authorized staff of CHEER for the purpose to follow up your request.

<b>Case Reference number:</b> _____ <i>This number will be issued by CHEER.</i>	<b>Agency code(If Any):</b> _____ This code will be assigned by CHEER
<b>Type of Organization:</b> <input type="checkbox"/> Education <input type="checkbox"/> Health <input type="checkbox"/> Housing <input type="checkbox"/> Immigration <input type="checkbox"/> NGO <input type="checkbox"/> School <input type="checkbox"/> Social Welfare <input type="checkbox"/> Employment <input type="checkbox"/> Others: _____	
<b>Organization Information: (Compulsory for organizations without Agency Code)</b> <b>Name:</b> _____ <b>Unit/ Section:</b> _____ <b>Address:</b> _____ <b>Tel:</b> _____ <b>Fax:</b> _____	
<b>Enquirer Information:</b> <b>Name:</b> _____ <b>Post:</b> _____ <b>Email:</b> _____ <b>Tel (If different from above):</b> _____ <b>Fax (If different from above):</b> _____	
<b>Service Details:</b> <b>Name of document:</b> _____ <b>Language:</b> <input type="checkbox"/> Bahasa Indonesia <input type="checkbox"/> Hindi <input type="checkbox"/> Nepali <input type="checkbox"/> Punjabi <input type="checkbox"/> Tagalog <input type="checkbox"/> Thai <input type="checkbox"/> Urdu <input type="checkbox"/> Vietnamese <b>Estimated duration of the recording (no more than 5 minutes per voice recording request):</b> _____ (minutes)	
<b>Expected date of completion</b> Date ____ (DD)/ ____ (MM)/ ____ (YY)	
<b>Office Use Only</b>	<b>Confirmed VRS Appointment by:</b> _____ on ____ (DD)/ ____ (MM)/ ____ (YY) <b>Name of Interpreter booked:</b> _____

*Interpretation will be between English and one of the EM languages.*

Signed by : \_\_\_\_\_  
Name of Officer : \_\_\_\_\_  
Date : \_\_\_\_\_

Agency Chop:

09/2021