

Access to Work Pre-Quote Form



Contact Details

Name: _____
Employer: _____
Job title: _____ Employee: Self-employed:
Address: _____

Post code: _____
Email: _____

Do you use: BSL: SSE: Other Sign Language: _____

Do you have an Access to Work case officer? Yes No

Access to Work Details

Current interpreter hours agreed by ATW:

- a) Per week? _____
b) Per month? _____

Please provide your Access to Work's case officer's details:

Name: _____
Address: _____

Post code: _____
Tel: _____
Email: _____

What is your expected use of the SignVideo interpreter?

- a) Making phone calls?
b) Receiving phone calls?
c) Short meetings?

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- d) Team meetings?
e) Customer / clients?
f) Translations
g) Other? _____

To see what the system look like in real life – please check it out by watching a video at this web link: <http://www.youtube.com/watch?v=LO089bzRyLw>

How often do you expect you will use the videophone?

- a) More than once a day?
b) Once a day
c) A couple of times a week
d) Once a week
e) Once a month
f) Less than once a month

If employed (You may need to ask your IT department for this information)

Do you have:

- 1) IP Telephony network in your place of work? Yes No
2) Video Conferencing units? (videophones) Yes No

Do you anticipate using:

- 1) your own network (LAN / WAN)? Yes No
2) a separate broadband connection to enable you to use a videophone? Yes No

If you are self employed

Do you have broadband? Yes No

Please provide the name of your broadband service: _____

- Do you have a videophone? Yes No
Do you have a webcam on your PC/laptop? Yes No

Please return this completed form to:

Significan't UK Ltd, St Agnes House, 6 Cresswell Park, London, SE3 9RD

Our Contact details

Email: enquiries@signvideo.co.uk
Tel: 0800 0242434
Fax: 0208 463 1121