Establishing of a Sign Language Pool

Ministry of Women, Child Affairs and Social Empowerment

Department of Social Services

Department of Social Services as the state institution for the empowerment of differently able community has taken steps to start a pool of Sign Language Interpreters.

If you are between 18 – 50 years and have mastered the sign language, you are eligible to apply for this. Your skills will be tested at an interview held by an interview board consisting of professionals named by the Director of Social Services and thereafter recruited to the pool.

Your application may be prepared as per the specimen given below and may be sent by registered post addressed to **"Director, Department of Social Services, 02nd Floor, Stage II, "Sethsiripaya", Battaramulla"** to receive before **12.08.2022.**

You will be graded as per your skills in sign language and when you are in this training pool, you will get the opportunity to provide your services as a sign language interpreter at Police Stations and Courts, Hospitals, Media Institutions and Governmental and Non-Governmental Organizations.

Director
Department of Social Services
2nd Floor
Stage II
"Sethsiripaya"
Battaramulla

Tel. No. 011-2187040 Fax: 011-2186276
Email: dirssdss@gmail.com

27.07.2022

Application for the Recruitment of Members for establishing a Sign Language Pool

Medium [ ]

01. Name with Initials : ....
02. Names denoted by the Initials : ....
03. Address : ....
04. Telephone No. : ....
05. National Identity Card No. : ....
06. Date of Birth : ....
07. Age as at the Closing Date of Applications :
    .... Years .... Months .... Days
08. Marital Status : ....
09. Gender : (Male / Female) ....
10. Educational Qualifications :

    I. G.C.E. (Ordinary Level)

Year: .... Index No. ....

Subjects	Grade	Subjects	Grade
Mathematics			
Sinhala / Tamil			
English			

    II. G.C.E. (Advanced Level)

Year: .... Index No. ....

Subjects	Grade	Subjects	Grade

11. Professional and Other Qualifications :

Name of Course	Institution	Duration of Course

12. Experience :
....
....
....
....

I hereby certify that the information provided by me in this application is true and correct to the best of my knowledge and belief.

....
Signature of Applicant