Consultation Request Form

What to discuss, how to meet and when, so the first consultation starts on the problem.

ORGANISATION

DATE

Your details

FULL NAME

ORGANIZATION (IF ANY)

PHONE

EMAIL

HAVE YOU WORKED WITH US BEFORE?

- [ ] Yes
- [ ] No, this is the first time

The consultation

> Please give a short summary only. Do not include account numbers, medical details or anything confidential; we will cover the specifics once the consultation is booked.

WHAT WOULD YOU LIKE TO DISCUSS?

IS THERE A DEADLINE WE SHOULD KNOW ABOUT? (OPTIONAL)

HOW WOULD YOU LIKE TO MEET?

- [ ] Phone call
- [ ] Video call
- [ ] In person

YOUR TIME ZONE, FOR A PHONE OR VIDEO CALL

VIDEO PLATFORM, IF YOU MEET BY VIDEO

- [ ] Zoom
- [ ] Microsoft Teams
- [ ] Google Meet
- [ ] Any is fine

WHEN ARE YOU USUALLY FREE?

- [ ] Weekday mornings
- [ ] Weekday afternoons
- [ ] Weekday evenings
- [ ] Saturdays