New Client Booking Form

Thank you for enquiring about our services. In order for us to design a training session that meets your requirements, please answer the following questions and email the completed form back to [aspietrainers@impact-initiatives.org.uk](mailto:aspietrainers@impact-initiatives.org.uk)

# Contact details

Please fill out your contact details in the table below:

|  |  |
| --- | --- |
| Name | Click here to enter text. |
| Company/Organisation | Click here to enter text. |
| Email | Click here to enter text. |
| Telephone Number | Click here to enter text. |
| Mobile Number | Click here to enter text. |

# When do you want the training to take place?

Please choose a date and a start time from the drop-down menus

|  |  |
| --- | --- |
| Date | Start Time |
| Click here to enter a date. | **Choose an item.** |

# How long do you want the session to last?

Please choose an option from the drop-down menu

|  |
| --- |
| Session Duration |
| Choose an item. |

# Where do you want the training to take place?

Please enter the address of the venue where you want the training to take place below:

|  |  |
| --- | --- |
| Address | Click here to enter text. |
| Post Code | Click here to enter text. |

Will it be possible to visit the venue before the training session (please choose an option)?

|  |
| --- |
| Choose an item. |

If possible, we would be grateful if you could attach a picture of the venue when you email back this form.

# How many people will be attending the session?

Please choose an option from the drop-down menu

|  |
| --- |
| No. of people in attendance |
| Choose an item. |
| If more than 20, please specify: Click here to enter text. |

# Please indicate whether our trainers will have access to the following resources (Please choose an Option)

|  |  |
| --- | --- |
| Resource | Available? |
| Clicker | Choose an item. |
| Laptop | Choose an item. |
| Projector | Choose an item. |
| Screen | Choose an item. |
| Sound System | Choose an item. |

# What does your organisation do?

In the box below, please explain to us what service(s) your organisation provides. Please be as concise and specific as possible.

|  |
| --- |
| Click here to enter text. |

# How would you describe your organisation’s/team’s level of autism expertise? (Please choose one option. Where levels of expertise vary, please use an average).

|  |
| --- |
| Level of Autism Expertise |
| Choose an item. |

# Finally, please outline what you would like us to include in our session (again, being as specific and concise as possible)

We will use this information to draft up a session plan which will be forwarded to you for approval. This could include questions you want answered, and/or issues which you would like to resolve. Please be mindful that for a 1 hour session we will only be able to cover two topics.

|  |
| --- |
| Click here to enter text. |

Thank you for filling in our questionnaire.