**SMK Training Consultancy client form**

<*complete* *organisation + date of enquiry*>

|  |  |
| --- | --- |
| **Your name** |  |
| **Contact details** *(email + phone)* |  |
| **What organisation/group do you work for?** *Briefly describe what they do.* |  |
| **What is your job/role within the organisation?** *Is it a paid or volunteer role <if appropriate>* |  |
| **What kind of training support are you looking for?** *What outcome do you want to achieve?* |  |
| **Please specific who the support is for? And how many people?** |  |
| **Do participants have any specific requirements,** *e.g., learning related support?* |  |
| **Is there a particular timeframe and/or specific milestones to meet?** |  |
| **Where – geographically – do you need the support, if not online?** |  |
| **What is your budget?** *Need an outline before we can proceed* |  |

\*Please return this form to kathchristie@smk.org.uk