

Client Information Sheet

Name:

Age

Male

Female

Address

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Postcode

Phone: Home: Work:

Mobile: Fax:

Email:

Occupation

What do you want help with?

.....

.....

Tick any areas of communication you would like to improve:

- | | |
|---|--|
| <input type="checkbox"/> Speech Clarity | <input type="checkbox"/> Vocal Quality |
| <input type="checkbox"/> Vocal Projection | <input type="checkbox"/> One-To-One Interactions |
| <input type="checkbox"/> Speaking to Groups | <input type="checkbox"/> Boardroom Meetings |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Social Interactions |
| <input type="checkbox"/> Interviews | <input type="checkbox"/> Impromptu Speaking |
| <input type="checkbox"/> Confidence Building | <input type="checkbox"/> Assertive Voice |
| <input type="checkbox"/> Conversations | <input type="checkbox"/> Presentations (sales, conference) |
| <input type="checkbox"/> Impressing an Audience | <input type="checkbox"/> Getting Your Message Across |
| <input type="checkbox"/> Negotiations | <input type="checkbox"/> Minimising Accents |
| <input type="checkbox"/> Reducing anxiety in Speaking | |

Are there any aspects of communication that are a problem for you? Please Describe.

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How would you like to apply new communication skills?

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How would you like to acquire these skills?

- One-to-One**
- Workshop**
- Classes**
- Combination**

Comments.....

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Date: / /