



**In preparation for the first consultation, this document will form the basis of our discussion. During our initial consultation, we will establish your needs and how Time for Change can assist you.**

Please return it to us once completed.

1. What changes would you like to achieve with the help of Time for Change?	
2. Please tick the relevant box:	<input type="checkbox"/> I have a clear plan, and only need practical help. <input type="checkbox"/> I have a vague idea, but need help strategising my goals. <input type="checkbox"/> I don't know where to start and need help. <input type="checkbox"/> Other (brief comment)
3. Timeframe (tick the preferred option):	<input type="checkbox"/> I need to complete this as soon as possible. <input type="checkbox"/> I would prefer to meet regularly and work over a longer period of time. <input type="checkbox"/> Other (please specify)
4. Time for Change involvement:	<input type="checkbox"/> I prefer consulting and coaching only. <input type="checkbox"/> I need a combination of practical help and guidance. <input type="checkbox"/> I would prefer Time for Change to help me with hands-on support throughout the whole process. <input type="checkbox"/> Other (please specify)
5. Is there any information Time for Change need to safely work with you, such as general health issues, disabilities, hazardous environments, etc.?	



Time for Change  
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6. Are you willing for a third party to help you (e.g., removal companies, cleaning services, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> N/A
7. Is there anything else we need to know?	
8. Your name	
9. Your address	
10. Telephone	
11. Email	
12. Preferred mode of contact:	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text Message <input type="checkbox"/> WhatsApp