|  |  |
| --- | --- |
| **WHAT HELP AND ADVICE ARE YOU SEEKING? Please give details of what support you need.** |  |
| **Name** |  |
| **Organisation** |  |
| **Address****Including Post code** |  |
| **Phone** |  |
| **Email** |  |
| **How many paid staff does your organisation have?** |  |
| **How many volunteers does your organisation have?** |  |
| **The session can last for up 50 minutes and will be run on Zoom or by telephone. Have you used Zoom before? Do you need any technical support before the session?** |  |
| **Please indicate if you would prefer the session to be by telephone** |  |
| **What is your level of knowledge on this subject?** | A: Very Little |  |  |
| B: Average |  |
| C: Good |  |

**PLEASE INDICATE YOUR PREFERE TIME SLOT**

|  |  |
| --- | --- |
| 10am – 11am |  |
| 11am – 12pm |  |
| 12pm - 1.00pm |  |
| 1 pm - 2pm |  |

Please return this form to yvette.ellis@vai.org.uk