|  |  |
| --- | --- |
| **WHAT HELP AND ADVICE ARE YOU SEEKING?\* Please give details of what support you need.** |  |
| **Your Name\*** |  |
| **Address\*****Including Post code** |  |
| **Phone\*** |  |
| **Email\*** |  |
| **The session can last for up 45 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 |  |

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**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**

In order for us to process this form, we need to record your contact details on our database. You can find out more on how we protect your data in our [**Privacy Policy**](https://vai.org.uk/about-us/privacy-policy-and-data-protection/)

Please use the checkbox below to confirm you agree to this. **Please note that if you do not consent, we cannot process your form.**

Permission to record and store your information \*

 Data protection tick box