PERSONAL INFORMATION SHEET

(All personal information is confidential and will be treated appropriately.)

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| **CLIENT INFORMATION** (COMPLETE) |
| Name & Surname |  |
| Address |  |
|  |
| Contact number | (H) | (C) |
| Email |  |
| Date of birth |  | Age |  |
| Marital status |  | Number of children |  |

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| **COACHING PREFERENCES** (CHOOSE OPTION) |
| Online Coaching | Skype |  | Zoom |  | Facetime |  |
| Skype address |  |
| In Person Coaching | Coach’s office |  | Client’s office |  | Other |  |
| Meeting address (if other than coach’s office) |
|  |
|  |
| Preferred day of week |  |  |  |
| Preferred time of day |  |  |  |

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| **WHAT ARE YOU LOOKING FOR?** (TICK ALL THAT APPLY) |
| 1. For more Meaning/Purpose in Life
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| 1. For more Fulfilment/Happiness in Life
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| 1. For more Ease/Simplicity or Balance in Life
 |  |
| 1. For more Freedom and/or Inner Peace in Life
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| 1. To Change or Move Forward in my Career
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| 1. To Achieve my Goals Faster/More Easily
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| 1. To Learn to Trust Myself more/Be My Authentic Self
 |  |
| Other (If there was something you haven’t mentioned yet, what would it be?) |
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