Virtual Assistant Client Consultation Form

Business Name: Virtually. Contact Email: brooke.va@icloud.com Client Information Full Name: _____ Business Name: _____ Email Address: ___ Location/Time Zone: _____ Preferred Contact Method: ☐ Email ☐ WhatsApp ☐ Other: _____ Business Details Describe your business (what you do, who you serve): Website / Social Media Links (if any): Support Needed What areas would you like support with? (Check all that apply) ☐ Email & Inbox Management ☐ Calendar & Scheduling ☐ Client Onboarding ☐ Social Media Management ☐ Data Entry / CRM ☐ Research ☐ Travel Booking ☐ Document Creation (e.g. PDFs, Templates) □ Other: _____

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How many hours of support do you need per week?
☐ Less than 5
□ 5–10
□ 10–20
☐ More than 20
Preferred working hours/timeframe (if any):
Would you like a quote/service order?
□ Yes □ No
Anything else you'd like us to know: