



Premium Administrative Support Services

Client Needs Assessment Form

*Denotes required information..

*First Name (required) *Last Name (required)

*Company Name

*Industry / Profession *Website

*Email Address (required) *Contact Number

*How did you hear about PASS?

*How many years have you been in business?

*What is your planned monthly budget for administrative support?

*Which best describes your interest level?

*Assistance needed (tick applicable): Immediate ☐ Next month ☐ Within the year ☐ For future reference ☐

*What specific items do you want/need help with initially?

*What kind of assistance are you seeking?

*Which best describes your interest level?

What specific items do you want/need help with initially?

Note: Your privacy is important to me. The information I collect is solely for the purpose of contacting you. Your personal information will never be sold or shared with any third-party, except where required by law.

*How many hours do you estimate needing per month?

*How important is your need on a scale of 1-10?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

*How soon do you want to begin? (i.e. one, two, three weeks)

Anything else you want to ask or let me know?

Ongoing (month-to-month) package of administrative support ☐

I don't need anyone right now, but I'm interested in finding out more. Yes ☐ No ☐