

## APPENDIX 2 - FRAMEWORK CLIENT NEEDS ASSESSMENT FORM

# Framework Client Needs Assessment Form For Lot 2 – Counselling Services Only

### Organisational Contact Details

<b>Organisation name</b>	
<b>Number of Employees</b>	
<b>Key EAS contact</b>  Name: Title: Tel: Mobile: Email:	
<b>Address</b>	
<b>Website</b>	
<b>Second/Third contacts –</b> Name:  Title: Tel: Mobile: Email:	
<b>Location of sites and number of staff at each location</b>	
<b>Activation date</b>	

Additional Comments: