

**Statistical Advisory Service
Required Information**

Consultation Details

Name _____

Dept _____

Address _____

Phone No _____ Fax No _____

Email _____ Mobile _____

Project Name _____

Dates available for consultation _____

Invoice details

Contact Name: _____

Invoice Address: _____

Account Code:(if applicable): _____

Signature: _____ Date: _____

For office use only

Statistician seen : _____ Date seen _____

Length of consultation: _____ hrs Follow up: Yes/No If yes, no. of hrs _____

Invoiced: Yes/No Date Invoiced: _____ Amount Invoiced: £ _____

Summary of Project
Please complete in block capitals

Title

Aim

Population(s)

Outcomes

Question(s)/Issues(s) you would like the statistician to advise you on

Other information
