**Spot Purchase Initial Inquiry form**

Name:

Email:

Telephone:

Type of Service you wish to purchase:

|  |  |
| --- | --- |
| Formal Advocacy ☐ | Advocacy Support at a meeting ☐ |
| Audit of Services ☐ | Self-Advocacy Group Facilitation ☐ |
| Travel Training ☐ | Audit personal budget ☐ |
| Easy Read document formatting ☐ | Other ☐ |

Please give some details of the service you require:

Please give a timeline for the service request including any relevant dates:

If possible please give an idea of budget available for the service request:

**Please return this form to BATIAS by email on batias.grays@batias.com or by post to the office and a Manager will contact you to discuss this request.**