

DATE: _____
CLIENT: _____ PHONE: _____
PROPERTY ADDRESS: _____
CONSULTANT (S): _____

CLIENT
1.1. CLIENT'S UNDERSTANDING OF PERMACULTURE DESIGN:
1.2. OCCUPANCY (YEARS TO DATE AND FUTURE PLANS):
1.3. NO. OF PEOPLE ON SITE:
1.4. AGE (S):
1.5. OCCUPATION (S):
1.6. EATING HABITS:
1.7. LIKES, DISLIKES AND ALLERGIES:
1.8. ROUTINE HABITS (PATHS / ACTIVITIES):
1.9. LIFESTYLE - CURRENT AND DESIRED:
1.10. TIME TO SPEND WORKING ONSITE - CURRENT AND FUTURE:
1.11. BUDGET FOR DESIGN/SITE WORKS:
1.12. SKILLS (BUILDING, GARDENING, CRAFT):



1.13. DISABILITY (S):
<b>CLIENT WANTS AND NEEDS</b>
2.1. OVERALL VISION FOR SITE:
2.2. PRIORITISE GOALS:
2.3. SHORT AND LONG RANGE PRIORITIES:
2.4. PRIORITISE CONCERNS (SPOUSE, RAINFALL, SOIL, SHORT TERM RESIDENCE):
2.5. SPECIFY WANTS AND NEEDS: (WHAT DO YOU LIKE TO EAT, HOW DO YOU LIKE TO RELAX):
2.6. DESIRED LEVEL OF FOOD SELF RELIANCE:

