

Request a Free Consultation

Please complete the form below, and one of our team members will be in touch to arrange your free consultation.

1. Full Name *(required)*

2. Email Address *(required)*

3. Phone Number *(required)*

4. Preferred Contact Method *(please tick one)*

- ☐ Phone Call
 - ☐ Email
 - ☐ WhatsApp
 - ☐ All
-

5. Preferred Date

6. Preferred Time / Duration *(please tick one)*

- ☐ 30 minutes
- ☐ 45 minutes
- ☐ 60 minutes
- ☐ 24 hours
- ☐ Other (please specify in the Additional Information section)

7. I require care for: *(please tick one)*

- ☐ Self
 - ☐ Family member
 - ☐ Friend
 - ☐ Advocate / Case Worker
 - ☐ Other (please specify in the Additional Information section)
-

8. Service Area of Interest *(please tick all that apply)*

- ☐ Domiciliary Care Services
 - ☐ Supported Living
 - ☐ Live-in Care
 - ☐ Sitting Services
 - ☐ Palliative Care
 - ☐ Night Cover
 - ☐ Other
-

9. How did you hear about us? *(please tick one)*

- ☐ Google Search
 - ☐ Social Media
 - ☐ Referral
 - ☐ Local Authority
 - ☐ Other
-

10. Consent

- ☐ I consent to **Plaza Services Limited** securely storing and processing my information for the purpose of arranging this consultation, in line with data protection requirements.
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11. Additional Information

(Please include any further details, specific needs, or preferences)

Declaration

I confirm that the information provided is accurate to the best of my knowledge.

Name: _____

Signature: _____

Date: _____

Contact Details

 Email: admin@plazaservicesltd.net

 Plaza Services Limited
07456950858 / 01788632409



Plaza
SERVICES LIMITED