

Client Referral Form

Client Name:

Date:

Client Company:

Consultant Name:

The Project:

Skills required:

Industry Experience:

**Specific IT Skills
(if applicable)
Deliverables:**

Interpersonal skills:

Reports to

Location

**Days of work
(Shifts, Weekends)**

Dates Needed

**Anticipated Length of
Project**

**Rate/Payment
(i.e. hourly, daily)**

**Total amount of
project**

GST Excluded (this is added on to the daily rate)

**Expenses & Allowances
(additional)** Actuals?

Special Requirements

