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PROFESSIONAL CONSULTATION SERVICE BOOKING FORM

Expert Guidance. Focused Advice. Practical Direction.

30-Minute Focused Consultation

R250

60-Minute Extended Consultation

R400

Please complete this form to request a professional consultation. A booking is confirmed only once the appointment is accepted by QubeSheng and the applicable consultation fee has been paid.

A. CLIENT / ORGANISATION DETAILS

Full Name _____	Organisation / Company _____
Email Address _____	Mobile Number _____
Province / Country _____	Preferred Contact Method ☐ Email ☐ Telephone ☐ WhatsApp

B. CONSULTATION SELECTION

Consultation Duration	☐ 30 minutes – R250 ☐ 60 minutes – R400
Preferred Consultation Method	☐ Microsoft Teams ☐ Zoom ☐ Telephone ☐ In-person (by prior confirmation)
Preferred Date	DD / MM / YYYY
Preferred Time	HH:MM Alternative time: _____

C. AREA OF CONSULTATION

☐ QCTO / SETA Accreditation & Compliance	☐ SETA Grants, SDF, WSP / ATR
☐ Training Provider Operations & QMS	☐ Learnerships / Occupational Programmes
☐ Training Project Management	☐ Workforce Development / Workplace Readiness
☐ Business Development & Growth Strategy	☐ Enterprise & Supplier Development
☐ Digital Transformation / AI Workforce Productivity	☐ Other

D. CONSULTATION BRIEF

1. What would you like assistance with?

2. What outcome would you like to achieve from the consultation?

3. Are there any important deadlines, regulatory dates or project dates we should know about?

4. Documents / information you intend to share before the session (if any):

E. PAYMENT & BOOKING ACKNOWLEDGEMENT

- ☐ I understand that the consultation fee is payable in advance before the booking is confirmed.
- ☐ I understand that document preparation, detailed research, application completion, policy/proposal drafting or other work outside the consultation will be quoted separately.
- ☐ I understand that consultations provide professional guidance and do not guarantee accreditation, grant funding, tender awards, employment, regulatory approvals or third-party outcomes.
- ☐ I will provide accurate information relevant to the consultation and will not submit confidential third-party information without authority.
- ☐ I consent to QubeSheng processing the personal information supplied on this form for booking, communication, invoicing and service administration purposes.

Client Name _____	Date DD / MM / YYYY
Signature _____	Payment Reference _____
QubeSheng Booking Reference For office use	Booking Status ☐ Pending ☐ Confirmed ☐ Rescheduled

F. QUBESHENG CONTACT DETAILS

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