HO_Essential Client Briefing Form

Organisation and Key client:

Date:

| What do you want at the end of the project? | | |
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| Why do you want this? | | |
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| How will you know you have what you want? | | |
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| How will it look/feel/sound when the organisation has this? | | |
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| What other assistance will the organisation have to reach this goal | 12 | |
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| What has stopped you/the organisation doing this until now? | | |
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| What are the logistical requirements? | | |
| Date/by date: | | |
| Maximum number of days: | | |
| People involved: | | |
| Location(s) of people involved: | | |
| | | |
| Project driver: time/cost/quality | | |
| Special requirements: | | |

