

TOOL 1: DEFINING YOUR SERVICES

| SERVICE | FULL DESCRIPTION | PRIORITY LEVEL (High/Med/Low) |
|---|---|----------------------------------|
| Example | Anxiety | High |
| List Areas of Interest | Anxiety Depression Panic attacks Pre & Post Natal Depression Post-Traumatic Stress Disorder (PTSD) Obsessive Compulsive Disorder (OCD) Eating disorders Self-harm Phobias Rape & Sexual Abuse Domestic Violence Grief & Loss Life Crisis Relationship issues Work related issues Expat issues Sexual Orientation & Sexuality Fertility Adoption Other Areas of Interest: | |
| Specific Groups | Children, Adolescents, Autism, Elderly, Parents or Other | |
| Zoom Consultations | Yes / No | |
| Telephone Consultations | Yes / No | |
| In-House Services (Companies / Organisations) | Yes / No | |
| Workshops / Teaching | Yes / No | |
| Other: | | |
| Other: | | |