

Project Goals

The information you provide in this section assists with creating the initial design and proposal for the project. Please include or attach as many ideas, plans and details as you can!

MAIN CONTACT	NAME	EMAIL
USERS	EST NUMBER OF USER	EST FREQUENCY OF USER
MAIN PURPOSE OF GARDEN		
USER NEEDS TO CONSIDER		
CLIENT EXPECTATION		



Project and Funding Information

The information you provide in this section assists with ensuring we have access to relevant information and can meet all criteria for the project, within your budget and making use of existing resources:

POTENTIAL PARTNERS	
APPROXIMATE TIMEFRAME	
APPROXIMATE BUDGET	
GRANTS/FUNDING AVAILABLE	
RESOURCES AVAILABLE	
ADDITIONAL INFORMATION/	
WISHLIST OF INCLUSIONS	

Project Checklist

This is a checklist of useful information to attach or include so we can deliver the most accurate and realistic proposal for you. Don't worry if you don't have access to everything on the list, we will ensure it is covered within the design phase

	PICTURES OF EXISTING SITE FROM DIFFERENT ANGLES.
	SITE PLANS AND SURVEYS.
	EXISTING INFRASTRUCTURE WITHIN OR IMPACTING ON SITE.
	DIAL BEFORE YOU DIG REQUEST COMPLETED.
	ALL INFRASTRUCTURE THAT IS WITHIN THE PROPERTY BOUNDARY.
	ALL SERVICES INCLUDING POWER, GAS, WATER, SEWER AND STORMWATER.
	SPOT ELEVATIONS ON ALL CONCRETE INFRASTRUCTURE ASSOCIATED TO THE EXTERNAL LANDSCAPE
	ARCHITECTURAL DRAWINGS.
	GRANT APPLICATIONS.
	LIST OF ANY RESOURCES, MATERIALS OR EXISTING STRUCTURES ON HAND TO INTEGRATE INTO THE DESIGN.

We look forward to working with you to create a truly be.present garden!

Sensory Garden

EXISTING STRUCTURES

Blank area for notes on existing structures.

GARDEN USERS & AGE

Blank area for notes on garden users and age.

SKETCH THE ASPECT & DIMENSIONS

Blank area for sketching the aspect and dimensions.

USERS NEEDS

Blank area for notes on users needs.

DESCRIPTION OF MY DREAM SENSORY GARDEN AND ITS USES

Large blank area for a detailed description of the dream sensory garden and its uses.

Sensory Garden

- Attach pictures/ sketches from at least two angles.
- Note the soil conditions & drainage.
- Note any accessibility needs or issues
- Note the current type/frequency of garden use
- Note the intended type/frequency of garden use
- Note your preferred budget
- Note any allergies, current therapies or programs of garden users

Notes

Client Name	
Client Phone Number	
Client Address	

Return this form to info@sensorygardensaustralia.com.au with your preferred time for a 15 minute phone consultation.

Therapeutic Garden

EXISTING STRUCTURES

Blank area for notes on existing structures.

GARDEN USERS & AGE

Blank area for notes on garden users and age.

SKETCH THE ASPECT & DIMENSIONS

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USERS NEEDS

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DESCRIPTION OF MY DREAM SENSORY GARDEN AND ITS USES

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Therapeutic Garden

- Attach pictures/ sketches from at least two angles.
- Note the soil conditions & drainage.
- Note any accessibility needs or issues
- Note the current type/frequency of garden use
- Note the intended type/frequency of garden use
- Note your preferred budget
- Note any allergies, current therapies or programs of garden users

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