

This form helps you to decide what the priorities are for your kitchen and helps us to make them a reality, please spend a little time completing this form so that we can fully understand your requirements, don't worry if you cannot answer all of the questions.

HOW DID YOU HEAR ABOUT US – This really helps us!

Saw Showroom		Recommended		Radio Advert		Saw Delivery Van	
Yellow Pages		Yell.com		Crabtree Website		Finewood Website	
Internet Search		Which search engine?					
Magazine		Which one, which feature?					
Other		Please give details.					

YOUR DETAILS

Your Name		Date	
Your Mobile Phone Number		Your Home Phone Number	
Your Work Phone Number			
Your Present Address			
The address of the site			
Your Architects Details			
Your Builders Details			
Your Overall Budget		Preferred brand of appliances	

ABOUT YOU

Do You Have Children	YES / NO	If Yes, what ages are they?	
Will Relatives & Friends use the kitchen?	YES / NO		
Does anyone suffer from a disability that we should be aware of in our design?	YES / NO	If Yes, what?	
Do you Have Pets?	YES / NO		
Is the Main Cook Left or Right Handed?	LEFT/RIGHT	Who is the Main cook?	
What is the height of the Main Cook?			
Will your Religious Beliefs affect the Design?	YES / NO	If so, how?	

ABOUT YOUR LAST KITCHEN PURCHASE

When did You Last Purchase a Kitchen?			
Were you Happy with the Outcome?	YES / NO	Details:	
How Quiet and Effective are Your current Appliances?			

ABOUT THE ROOM			
Do you Wish to Eat in the Kitchen Area?	YES / NO	If so, for How Many?	
Do you find that Dinner / Party Guests Converge in the Area?	YES / NO		
Are there any existing Utensils / Pots / Pans of unusual Size?	YES / NO	If so, please describe:	
Do you Regularly use a Food Processor / Mixer / Blender?	YES / NO		
Will there be Air Conditioning within the Kitchen / Property?	YES / NO		
What levels of Air Extraction are required within the Kitchen?			
When Returning with Shopping, which Door / Entrance would be used?			
Do you require a TV / radio in the kitchen? Y/N?	YES / NO	If so, where, what size and where is the aerial point presently?	
General idea at present of the level of storage required, such as dry goods, crockery, glasses, pots and pans, cutlery, knives etc?			
How important is the environment to your family?			
How do you wish to separate the waste management?	Integrated in kitchen / freestanding		
Does the house have a water softener or a water treatment system?	YES / NO	If so, where is it located?	
Is there or will there be a utility room?	YES / NO	If so, which appliances do you envisage in there?	
Will there be a pantry?	YES / NO	Further refrigeration (i.e. chest freezer) in garage or elsewhere	YES / NO

ABOUT YOUR NEW KITCHEN IDEAS					
Style of Kitchen	Country	Modern Traditional	Contemporary	Modern Concept	
Cabinet Material Preference					
Work Surfaces	Granite	Marble	Wood	Laminate	Stainless Steel
Work Surface Edging	YES / NO	Finish:			
Splash Back	YES / NO	Finish:			
Handles	YES / NO	Finish:		Style:	
Any other ideas or requirements?					

APPLIANCES

Please indicate required option / preferences

Oven - Range	Y/N/?	Electric	Natural Gas	LPG Gas	Solid Fuel	Other:	
Oven - Single	Y/N/?	60cm	70cm	90cm	Self Cleaning / Pyrolytic?		Y/N/?
Oven - Double	Y/N/?	60cm	70cm	90cm			
Oven - Steamer	Y/N/?	Steamer	Combi				
Warming Drawers	Y/N/?	To hold how many standard plates?					
Microwave	Y/N/?	Standard	With Grill	Combi			
Hob	Y/N/?	Electric Ceramic	Electric Induction	Natural Gas	LPG Gas	Mixed	Other:
Hob - Other features	Y/N/?	Wok	BBQ	Hot Stone			
Water Softener	Y/N/?						
Extraction	Y/N/?	External	Re-circulated				
Refrigeration	Y/N/?	Free standing	Fitted	Ice	Water	Outer Finish	
		Fridge Capacity		Freezer Capacity		Fast Freeze?	
Main Kitchen Sink	Y/N/?	Qty					
Other Sink(s)	Y/N/?	Please give details:					
Taps	Y/N/?	Any particular style/make/design?					
On Demand Taps	Y/N/?	Zip Tap	Heat Store	Other:			
Waste disposal unit	Y/N/?						
Trash Compactor	Y/N/?						
Wine Cooler	Y/N/?						
Washing Machine	Y/N/?						
Tumble Dryer	Y/N/?						
Dishwasher	Y/N/?						
Coffee Machine	Y/N/?						

Any Other Special Requirements?

ROOM SKETCH

Please make a rough sketch of your room and add dimension, please mark any structural elements that need to be considered at the design stage such as doors, windows, soil pipes, sloping roof, etc.

Don't forget to let us know the ceiling height!