Podcast Consultation Form

Thank you for your interest in creating a podcast	st! Please fill out the form below to help	us
understand your vision and needs.		

Contact Information	
• Name:	
• Email:	
• Phone Number:	
Podcast Details	
1. Podcast Name (or potential names):	
2. Show Description:	
Please provide a brief description of what your podcast will be	about:

3. Target Audience:

Who do you want your podcast to reach?

4. Host(s):
• Who will host the podcast?
• Are there any co-hosts or guest appearances planned?
Technical Setup
5. Equipment/Software:
Do you have any equipment (e.g., microphones, cameras, editing software)?
• Yes
• No
If yes, please list:
6. Recording Space:
Do you have a dedicated recording space?
• Yes
• No

Production & Content

7. Episode Frequency:

How	often	do	vou	nlan	to	re1	ease	enisc	des?
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- Weekly
- Bi-weekly
- Monthly
- Unsure

8. Intro/Outro:

Do you have ideas for an introduction and outro?

- Yes
- No

If yes, briefly describe your ideas:

9. Artwork & Branding:

Do you have a logo or artwork prepared?

- Yes
- No

If no, would you like assistance with creating artwork?

- Yes
- No

Distribution & Marketing 10. Submission to Platforms: Do you need help submitting your podcast to directories (e.g., Apple Podcasts, Spotify)? • Yes • No 11. Social Media & Reels: Do you plan to promote your podcast using social media or video reels? • Yes • No If yes, do you need assistance creating content? • Yes • No **Additional Notes** 12. Other Questions or Concerns: Is there anything else you'd like us to know about your podcast goals?

Signature:	Date:	

ook forward to	helping you b	oring your poo	icast to life!		