

Datex Systems Training



Pre-Course Questionnaire- Databases 1-2

Please answer each question as accurately as possible. Thank You.

Delegate Details	
Name:	Course Title/Level:
Company Name:	Software Version No.
Position:	
Phone:	Course date:

About Your Current Computer Software Knowledge			
Are you currently using a microcomputer?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
How do you rate your keyboard/Mouse ability?	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Slow <input type="checkbox"/>
Are you currently using the course software?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
If YES, please indicate how long you have used it and how often e.g 2 hours a day, 4 hours a week			

About Your Current Database Software Knowledge		
1. Do you know what a specification is?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. If Yes to Q1, briefly explain what it is		
3. Can you create a database table?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Do you know what a field is?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Do you know what a form is?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Can you create a query?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Can you sort data?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Can you create a Relationship?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

IT IS MOST IMPORTANT THAT WE RECEIVE THIS FORM, DULY COMPLETED AT LEAST 7 WORKING DAYS PRIOR TO THE COURSE. THIS IS TO ENSURE THAT YOU ARE ATTENDING THE CORRECT LEVEL OF TRAINING SUITABLE TO YOUR PRESENT SKILLS, AND THE RETURN IS ALSO A REQUIREMENT OF OUR QUALITY SYSTEM (ISO 9001)
PLEASE FAX (OR POST) THE COMPLETED FORM BACK TO DATEX. THANK YOU. FAX NO: (0114)251 0727