

Datex Systems Training

Pre-Course Questionnaire



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 | | | |
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| About Your Current Knowledge – Please give us some brief information about your current computing knowledge |
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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