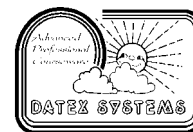


# Datex Systems Training



## Pre-Course Questionnaire- Spreadsheets 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 Spreadsheet Software Knowledge                               |                              |                             |                                    |
|---|------------------------------|-----------------------------|------------------------------------|
| 1. Can you create formulas?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                                    |
| 2. If so, define what SUM(B3:C10)*90 means?                                     |                              |                             |                                    |
|   |                              |                             |                                    |
| 3. Can you copy information in a spreadsheet?                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                                    |
| 4. Can you change the appearance of numbers?                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                                    |
| 5. Do you know what a cell is?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                                    |
| 6. Do you know what an Absolute Reference is?                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                                    |
| 7. If Yes to Q6, write an example of a formula containing an Absolute Reference |                              |                             |                                    |
|   |                              |                             |                                    |
| 8. Can you Save ?   | Yes <input type="checkbox"/> | Print?                      | Yes <input type="checkbox"/>       |
| No <input type="checkbox"/>   |                              | No <input type="checkbox"/> | Open? 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**