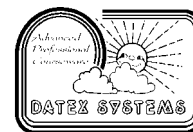


Datex Systems Training



Pre-Course Questionnaire- Spreadsheets 3



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 B2/\$G\$8 means?		
3. Can you create linked spreadsheets/files?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Can you create a Data Table/What If Table?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Can you create a VLOOKUP formulas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Do you know the syntax of the IF function?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. If Yes to Q6, write an example of a formula containing an IF function		
8. Can you create a Pivot Table? /CrossTab?	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