

Datex Systems Training



Pre-Course Questionnaire- Word Processor 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 Word Processor Software Knowledge			
1. Can you underline a word that is already in a document?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2. If Yes to Q1, briefly explain what to do			
3. Can you set up and use tabs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4. Do you know how to create "standard text" for regular use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5. Can you set and use Tables?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6. Can you copy AND move text?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7. If Yes to Q6, what is the difference?			
8. Can you Save ? Yes <input type="checkbox"/> No <input type="checkbox"/>	Print? Yes <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