

# Pre-Course Questionnaire

These questions are for your benefit. It will help us prepare the course you will be attending. It will also help us to ensure that your new skills will integrate successfully with other software used in your organisation.

Your Name:

Organisation:

Course(s) Title:

Date(s):

## Which of the following software do you use and how do you rate your skill level on each: 1=Advanced, 5=Novice:

Windows v. ....	<input type="checkbox"/>	Adobe Audition Pro v. ....	<input type="checkbox"/>
Apple Mac OSX v. ....	<input type="checkbox"/>	Adobe Dreamweaver v. ....	<input type="checkbox"/>
Microsoft Office v. ....	<input type="checkbox"/>	Adobe Muse v. ....	<input type="checkbox"/>
Microsoft PowerPoint v. ....	<input type="checkbox"/>	Adobe Fireworks v. ....	<input type="checkbox"/>
Adobe Acrobat Pro v. ....	<input type="checkbox"/>	Adobe Flash v. ....	<input type="checkbox"/>
Adobe Creative Cloud v. ....	<input type="checkbox"/>	Adobe Edge Animate v. ....	<input type="checkbox"/>
Adobe Creative Suite v. ....	<input type="checkbox"/>	Apple KeyNote v. ....	<input type="checkbox"/>
Adobe InDesign v. ....	<input type="checkbox"/>	Apple Pages v. ....	<input type="checkbox"/>
Adobe Illustrator v. ....	<input type="checkbox"/>	Apple iMovie v. ....	<input type="checkbox"/>
Adobe Photoshop Pro v. ....	<input type="checkbox"/>	Quark XPress v. ....	<input type="checkbox"/>
Adobe Lightroom v. ....	<input type="checkbox"/>	CorelDraw v. ....	<input type="checkbox"/>
Adobe Bridge v. ....	<input type="checkbox"/>	Joomla v. ....	<input type="checkbox"/>
Adobe Premiere Pro v. ....	<input type="checkbox"/>	Wordpress v. ....	<input type="checkbox"/>
Adobe After Effects Pro v. ....	<input type="checkbox"/>		

Other:

## What computer equipment do you currently use?

Apple Mac Desktop	<input type="checkbox"/>	Digital Camera/DV Camera	<input type="checkbox"/>
Windows PC Desktop	<input type="checkbox"/>	Scanner	<input type="checkbox"/>
Apple Laptop	<input type="checkbox"/>	Laser Printer/Laser Colour Printer	<input type="checkbox"/>
Windows Laptop	<input type="checkbox"/>	Inkjet Colour. Printer	<input type="checkbox"/>
Graphics Tablet	<input type="checkbox"/>		

## Do you have other skills that may be relevant?

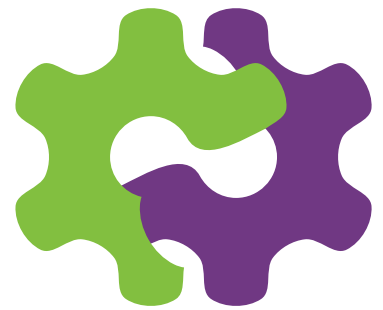
Graphic Design	<input type="checkbox"/>	Search Marketing (SEM)	<input type="checkbox"/>
Illustrator	<input type="checkbox"/>	Search Engine Optimisation (SEO)	<input type="checkbox"/>
Textile or Fashion Design	<input type="checkbox"/>	Email Marketing	
Photographer	<input type="checkbox"/>	Other	
Marketing Professional	<input type="checkbox"/>	<input type="text" value="Please let us know if you have other skills"/>	
Public Relations	<input type="checkbox"/>		

## Course Objectives (let us know what you hope to gain from this course)

## Are there any other course(s) which could be of benefit to you or your company?

YES  NO  POSSIBLY

If so what?



computer graphics training

## Do you have any special dietary requirements?

No  Vegetarian

Dairy Free  Vegan

Gluten Free  No Nuts

Other

Please make any other comments or requests below:

Thank you for taking the time to complete this form. Please return as soon as possible.

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