PDF FORM PRACTICE

Interactive practice form — use fictional information only

Instructions

- This is a fictional form. Do not enter real sensitive information.
- Click in the boxes and type. Use Tab to move between fields.
- Tick choices and use the drop-down. Then save, close and reopen the PDF to check it.

1. Personal details

First name

Surname

Fictional address

Town

Postcode

Date of birth

Telephone

2. Contact preference — choose ONE

- ○ Email
- ○ Telephone
- ○ Post

3. What would you like help with? — tick any that apply

- ☐ Computer help
- ☐ Using email
- ☐ Online forms
- ☐ Understanding PDFs

4. Preferred session

Choose: Morning

Click the arrow and change the selection.

5. Your message

What would you like to practise?

6. Final check and practice signature

- ☐ I have checked my answers before saving.

Practice signature — type your name