

## Week 6 Practical Exercises

---

Note:

- **Exercise 1 will be assessed as part of the Practical Set 1 submission.**
- Include HTML comments for your student ID, Name, and Practical Class Time at the top of each source file created.
- All files must be uploaded to your TWA web site before submission of Practical Set 1.

Objectives:

- Write JavaScript to perform mandatory field validation on different input types.
- Write JavaScript to perform numeric value and format specific validation.
- Write JavaScript to modify CSS properties/values.
- Write JavaScript to control form submission.
- Complete exercises 1 below and upload the solution to your TWA web site in folders indicated in the exercise. Test and **validate** the pages.

Suggested Resources:

- CSS tutorial <https://www.w3schools.com/css/default.asp>
  - CSS reference <https://www.w3schools.com/cssref/default.asp>
  - **CSS validator** <https://jigsaw.w3.org/css-validator/>
  - HTML tutorial <https://www.w3schools.com/html/default.asp>
  - HTML 5 tutorial [https://www.w3schools.com/html/html5\\_intro.asp](https://www.w3schools.com/html/html5_intro.asp)
  - HTML tag list <https://www.w3schools.com/tags/default.asp>
  - **HTML validator** <https://validator.w3.org>
- 

### Exercise 1:

This exercise is an extension of the week 5 form exercise.

- Make a copy of your `week5Styles.css` file and name it `week6Styles.css`. Upload `week6Styles.css` in the `practicals/css` folder on your TWA web site.
- Upload your week 5 `PatientForm.html` file in the `practicals/week6` folder on your TWA web site.
- Change the css link in `week6/PatientForm.html` to use `week6Styles.css`
- Make a copy of your `week5validation.js` file and name it `week6validation.js`. Upload `week6validation.js` in the `practicals/javascript` folder on your TWA web site.
- Link `week6/PatientForm.html` to use `week6validation.js`.

In this exercise you are to write **JavaScript** code in `week6validation.js` that

- I. performs the indicated validations,
- II. uses in-page (DOM) notifications for all user error messages (ie, do not use alert boxes),
- III. ensures that the form does not submit if there are any validation errors.

Figure 1 on the following page shows the details of these requirements in reference to the week 4 form.

You may need to change some of your chosen input devices in the form to fulfill the requirements of this exercise. If this is the case, make the changes to your form in `week6/PatientForm.html` only. For example, if in the week 4 exercise you used the number input type for postcode you will need to change this to type text. In other words, the stated functionality must be achieved by JavaScript not by HTML 5 validation controls.

**Personal Details (Patient)**

Title: Mr. ☐ Mrs. ☐ Miss. ☐ Ms. ☐ Other:

Surname:

Given Name(s) in Full:

Previous Surname(s):

Date of Birth:                    /                    /

dd/mm/yyyy  
format

Sex:

Male ☐ Female ☐

Country of Birth:

If Australia, what state:

Marital Status: Married ☐ Single ☐ Widowed ☐

Separated ☐ De Facto ☐ Divorced ☐

Do you wish to be visited

by a Church Representative Yes ☐ No ☐

Religion:

Aboriginal / Torres Strait Islander: Yes ☐ No ☐

4-digit  
number

Address:

Postcode:

10-digit  
number

Phone No. (AH)

(BH)

**Next of Kin / Contact Person.**

Name:

Address:

If 2 phone  
numbers  
are  
provided  
both must  
be 10-digit  
numbers.

Phone No. (AH)

(BH)

Relationship to Patient:

Medicare No:

Card I.D. No:

Expiry Date:

12-digit  
number

1-digit  
number

Figure 1