

## Before we get started

## Tutor Checklist

Name of client	client			Date		
Postcode				Date of Birth		
Have you used com	puters befo	re?	YES	NO		
Have you used the Internet before?				NO		
Note any prior know	wledge					
Do you have an em	ail address?		YES	NO		
Email address						
Are you registered	d on the Gov	ernment Ga	ateway V	Vebsite?		
YES NO						
Government Gate	way ID					
Client's ability						
□ Beginner		□ Intermediate		□ Expe	□ Experienced	
never used PC before) (able to browse and with support)		d email	(able to browse and email without support)			
	I			I		
Additional Notes:						