

Week 5 Practical Exercises

Note:

- **Exercise 1 and 2 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:

- Implement html forms to capture user data
- Design user-friendly and accessible html forms
- Complete exercises 1, 2 below and upload the solution to your TWA web site in the **practicals/prac1/Week5** folder. 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
 - HTML tag list <https://www.w3schools.com/tags/default.asp>
 - **HTML validator** <https://validator.w3.org>
 - JavaScript HTML DOM https://www.w3schools.com/js/js_htmlDOM.asp
 - JavaScript tutorials <https://www.w3schools.com/js/default.asp>
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Exercise 1:

- In the **practicals/prac1** folder of your TWA web site create a new subfolder named **week5**
- Upload the css file provided to you (see the zip file) into your TWA web site in the **practicals/prac1/week5** folder.
- **Create** an html 5 file named **Exercise-1.html** in the **practicals/prac1/week5** folder on your TWA web site. Its content is to be an html implementation of the **New Patient Registration Form** shown on the next page in Figure 1.

When creating the html form, you should ensure that:

- i. you improve the layout of the form and instructions (ie, the layout and instructions in Figure 1 are for a paper form not for an online form – **so, improve it**).
- ii. choose the **most appropriate** input devices for each data item
- iii. implement **appropriate labels** for each input to improve accessibility
- iv. provide **appropriate instructions** for the user
- v. the **action** for the form is to be **`https://twaaut.cdms.westernsydney.edu.au/twainfo/form.asp`** and the **method** for the form is to be **post**
- vi. when a user submits the form, **all** form input data is present on the resulting action page as shown in Figure 2. That is, if you have an input called `fname`, then that input name and its value must be present on the output of the **`https://twaaut.cdms.westernsydney.edu.au/twainfo/form.asp`** page after submission of your form.
- vii. you utilise the external style sheet named **NewPatient.css** that is provided in this week's zip file to achieve your page and form layout and design. Note that:
 - a. there are to be no embedded or inline styles in your HTML document.
 - b. the external style sheet provided to you accommodates both mobile and desktop mode; for full marks your form should also.
 - c. you may add extra styles to the external style sheet if you wish.



NEW PATIENT REGISTRATION FORM

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Master ☐ Dr ☐ Other

Surname First Name

Date of Birth/...../.....

Postal address

..... Suburb Postcode

Daytime phone Mobile Work

Email address

Emergency contact person Relationship to patient

Mobile number..... Daytime phone

☐ As Above

Next of kin Relationship to patient

Mobile number..... Daytime phone

Figure 1 - New Patient Registration Form (paper form)

Welcome to the Form Tester

For any "get" form data entry

element	value
fname	John
streetAddress1	PO Box 123
streetAddress2	Simple St
lname	Smith
submit	Submit
suburb	Parramatta
postcode	2500
State	NSW

For any "post" form data entry

element name	value
fname	John
streetAddress1	PO Box 123
streetAddress2	Simple St
lname	Smith
submit	Submit
suburb	Parramatta
postcode	2500
State	NSW

Figure 2– possible output shown when a form is submitted to the action URL

Exercise 2:

- Create a JavaScript file named **formValidation.js** in the **practicals/prac1/week5** folder on your TWA web site.
- Link the **formValidation.js** file to **Exercise-1.html** in the practicals/prac1/week5 folder using the appropriate html tag in the head section of the html file.
- Write JavaScript code in **formValidation.js** to perform the following functionality for the form you implemented in Exercise-1.html.
- Figure 3 on the next page is an annotated version of the original form showing items **A** to **N** for easy reference

NOTE - All of the functionality **must be achieved via JavaScript NOT via HTML5 form validation attributes:**

1. the New Patient Registration Form is **not allowed to submit** if there are any errors in user input. The user input rules are as follows:

A. Title:	Required
B. Other:	Required only if 'Other' chosen from Title choices
C. Surname:	Required, alphabetic, space [], hyphen [-] characters only
D. First name:	Required, alphabetic, space [], hyphen [-] characters only
E. Date of Birth:	Required, format of dd/mm/yyyy
F. Postal Address:	Number, alphabetic, space [], hyphen [-], and slash [/] characters only
G. Suburb:	Alphabetic, space [], hyphen [-] characters only
H. Postcode:	4 numeric digits
I. Daytime Phone:	8 or 10 numeric digits
J. Mobile Phone:	10 numeric digits, must start with 04
K. Work Phone:	8 or 10 numeric digits
L. Phone numbers:	at least 1 phone number must be provided in I, J, K
M. Email:	Valid email format
N. Next of kin:	copy details from the four Emergency Contact fields to Next of Kin fields if 'As Above' chosen
2. When errors occur in user input the user must be alerted to these errors through appropriate **inline messages** (not alert boxes). You will need to add some appropriate CSS rules to **NewPatient.css** as well as modifying the HTML in **Exercise-1.html** to accommodate for the display of these inline messages.
3. When there are no user input errors the form should be allowed to be submitted to the form action <http://tl28serv.westernsydney.edu.au/twainfo/form.asp>



NEW PATIENT REGISTRATION FORM

A (☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Master ☐ Dr ☐ Other **B**)

Surname **C** First Name **D**

Date of Birth/...../..... **E**

Postal address **F**

..... Suburb **G** Postcode **H**

L (Daytime phone **I** Mobile **J** Work **K**)

Email address **M**

.....

Emergency contact person Relationship to patient

Mobile number Daytime phone

.....

☐ As Above **N**

(Next of kin Relationship to patient)

(Mobile number Daytime phone)

.....

Figure 3 - Annotated form