

COMPUTER INFORMATION FORM

Computer user: Name _____ User name _____

Email address(es) _____

Email password(s) _____

Machine/drive identifiers

Type (laptop, desktop, tablet) _____ Manufacturer _____

Model # _____ Serial # _____ Asset/inventory tag _____

Purchase details

Where was the machine purchased? _____

Attach a receipt to this document if you have one.

Date of purchase _____ Guarantee (years) _____

Operating software

Operating system is _____

Admin account or nickname _____

Admin operating system password _____

Computer specifications

Hard drive capacity _____ RAM _____ Graphics card capacity _____

Peripherals attached/removable to/near the specified system

Hard drives _____ CD-ROM Read-only _____

CD-ROM Read/write _____ Fax/modem _____

3.5 floppy _____ Printers _____

Zip/Jaz drive _____ USB ports _____

Docking station _____ Network connection _____

Floppies _____ Tapes _____

CD-ROMs _____ DVD-ROMs _____

Other not listed _____

Firewall/anti-virus software

Firewall information _____

Anti-virus information _____

Serial no. _____ Expiry date _____

Anti-spy/malware software _____

Serial no. _____ Expiry date _____

Other software installed

Name	Installation date	Serial number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Typical websites visited

Website name/address	Type of website	User name	Password
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Notes _____

MOBILE PHONE INFORMATION FORM

Telephone no. _____ PIN _____

Make _____ Model _____

Serial no. _____ IMEI no. _____

Purchased from _____ Purchase date _____

Contract or pay as you go _____

Contract length (if applicable) _____

Estimated monthly cost _____

Features of phone

Internal memory _____ GB operating system _____

Memory card type _____ Processor _____

Other features: *Tick all that apply*

- | | |
|--------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Bluetooth | <input type="checkbox"/> Conference calling |
| <input type="checkbox"/> Wireless tethering | <input type="checkbox"/> Vibrating alert |
| <input type="checkbox"/> SatNav | <input type="checkbox"/> Voice-activated dialling |
| <input type="checkbox"/> Wi-fi connection | <input type="checkbox"/> Instant messaging |
| <input type="checkbox"/> GPS | <input type="checkbox"/> Built-in speaker |
| <input type="checkbox"/> Camera/video | <input type="checkbox"/> Call waiting/hold |
| <input type="checkbox"/> Games | <input type="checkbox"/> Speed dialling |
| <input type="checkbox"/> App store | <input type="checkbox"/> Video calling |
| <input type="checkbox"/> Music player | <input type="checkbox"/> Internet and email |
| <input type="checkbox"/> Calendar | <input type="checkbox"/> Web browser |
| <input type="checkbox"/> Microsoft Outlook | <input type="checkbox"/> Alarm clock |
| <input type="checkbox"/> Picture/video messaging | <input type="checkbox"/> Calendar |
| <input type="checkbox"/> Call divert/transfer | <input type="checkbox"/> Stopwatch/timer |

Parental controls

CHILD'S COMPUTER LOG – HOURS PER WEEK

WEEK ENDING: _____

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL
6am–8am								
8am–noon	e.g. 30 mins							30 mins
Noon–4pm								
4pm–8pm								
8pm–midnight	60 mins							60 mins
Midnight–6am								
TOTAL	90 mins							90 mins

CHILD'S COMPUTER LOG – COMPUTER TIME SLOT ALLOWANCE

WEEK ENDING: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
e.g. Made bed/tidied room						
Completed history homework						
30 mins						

SLOT = 15 mins

WORKSTATION SETTINGS FORM

Lighting

Light to use (main light, desk lamp, etc.) _____

Min light-bulb wattage _____ Max light-bulb wattage: _____

Position of blinds (open/closed, etc.) _____

Position of curtains (open/closed, etc.) _____

Other _____

Room temperature

Min room temp _____ Max room temp _____

Ventilation (window open/air conditioning) _____

Other _____

Sound

Min speaker level setting _____ Max speaker level setting _____

Position of door (open/closed, etc.) _____

Position of window (open/closed, etc.) _____

Other _____

Chair setting

Chair height setting _____ Chair back position _____

Chair arm position setting _____

Other _____

Desk area

Mouse position setting _____

Keyboard settings _____

Other _____