





Module:  
Paper:  
Date:  
PIN:  
Candidate's Name:

Time: to

Centre Code:  
Test Centre:  
Venue:  
Room:

**EXAMPLES**

- 1.  WRONG
- 2.  WRONG
- 3.  WRONG
- 4.  RIGHT

**IMPORTANT DIRECTIONS FOR MARKING ANSWERS**

- Use a soft pencil only (eg 2B, HB, 2 1/2HB).
- Do NOT use ink or ballpoint pens.
- Make heavy black marks that fill the lozenge completely.
- Erase cleanly any answer you wish to change.
- Make no stray marks on the answer sheet.

**Listening**

**PART 1**

	A	B	C
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART 2**

	A	B	C
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Part 3:

Write your answers in the spaces next to the numbers as shown in the example.

0	example
---	---------

**PART 3**

	Answer
1	
2	
3	
4	
5	
6	
7	

**PART 4**

	A	B	C
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DO NOT WRITE BELOW THIS LINE**

Supervisor, mark if candidate is absent

PIN:  
Candidate's Name:

**Reading**

**PART 1**

- |    | A                        | B                        | C                        |
|----|--------------------------|--------------------------|--------------------------|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**PART 2**

- |    | A                        | B                        | C                        | D                        | E                        | F                        | G                        |
|----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**PART 3**

- |      | A                        | B                                   | C                        | D                        |
|------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| e.g. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> |

**PART 4**

1	
2	
3	
4	
5	
6	
7	
8	

DO NOT WRITE BELOW THIS LINE

**B1**



PIN:  
Candidate's Name:

**Writing**

PART 1 / PAGE 1

Lined writing area with a large diagonal watermark reading "SAMPLE".

DO NOT WRITE BELOW THIS LINE

\*GR005W0106\*

\*000000000-0000000-00000\*

**B1**

PIN:  
Candidate's Name:

**Writing**

PART 1 / PAGE 2

Lined writing area with a large diagonal watermark reading "SAMPLE".

DO NOT WRITE BELOW THIS LINE

\*GR005W0206\*

\*000000000-0000000-00000\*

**B1**

PIN:  
Candidate's Name:

**Writing**

**PART 1 / PAGE 3**

Lined writing area with a large diagonal watermark reading "SAMPLE".

**DO NOT WRITE BELOW THIS LINE**

\*GR005W0306\*

\*000000000-0000000-00000\*

**B1**



PIN:  
Candidate's Name:

**Writing**

**PART 2 / PAGE 1**

Lined writing area with a large diagonal watermark reading "SAMPLE".

**DO NOT WRITE BELOW THIS LINE**

\*GR005W0406\*

\*000000000-0000000-00000\*

**B1**



City & Guilds

PIN:  
Candidate's Name:

Page 5

**Writing**

**PART 2 / PAGE 2**

Lined writing area with 20 horizontal lines. A large, light gray watermark reading "SAMPLE" is oriented diagonally across the page.

**DO NOT WRITE BELOW THIS LINE**

Page 7/8

\*GR005W0506\*

\*000000000-0000000-00000\*

**B1**

PIN:  
Candidate's Name:

**Writing**

**PART 2 / PAGE 3**

Lined writing area for the candidate's response.

SAMPLE

DO NOT WRITE BELOW THIS LINE

\*GR005W0606\*

\*000000000-0000000-00000\*