





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"/>

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

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"/>
7.	<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

	1	2	3	4	5
TRUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FALSE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 2

	A	B	C	D	E	F	G	H
1.	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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

C1



City & Guilds

PIN:
Candidate's Name:

Page 1

Writing

PART 1 / PAGE 1

Lined writing area with 25 horizontal lines. A large diagonal watermark reading "SAMPLE" is overlaid across the page.

DO NOT WRITE BELOW THIS LINE

Page 3/8

GR009W0106

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C1

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

GR009W0206

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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

C1



PIN:
Candidate's Name:

Writing

PART 2 / PAGE 1

Lined writing area with 20 horizontal lines. A large diagonal watermark reading "SAMPLE" is overlaid across the page.

DO NOT WRITE BELOW THIS LINE

GR009W0406

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C1



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

GR009W0506

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PIN:
Candidate's Name:

Page 6

Writing

PART 2 / PAGE 3

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

DO NOT WRITE BELOW THIS LINE

Page 8/8

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