



Draft

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Candidate Name

Candidate Number

Centre Name

Centre Number

Examination Title

Examination Details

Candidate Signature

Assessment Date

Supervisor: If the candidate is ABSENT or has WITHDRAWN shade here

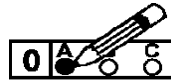
Preliminary Listening Candidate Answer Sheet

Instructions

Use a PENCIL (B or HB). Rub out any answer you want to change with an eraser.

For Parts 1, 2 and 4:

Mark one letter for each answer. For example: If you think A is the right answer to the question, mark your answer sheet like this:



For Part 3:

Write your answers clearly in the spaces next to the numbers (14 to 19) like this:



Write your answers in CAPITAL LETTERS.

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

Part 2			
8	A	B	C
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	A	B	C
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	A	B	C
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	A	B	C
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	A	B	C
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	A	B	C
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part 3		Do not write below here
14	<input type="text"/>	14 1 0 <input type="radio"/> <input type="radio"/>
15	<input type="text"/>	15 1 0 <input type="radio"/> <input type="radio"/>
16	<input type="text"/>	16 1 0 <input type="radio"/> <input type="radio"/>
17	<input type="text"/>	17 1 0 <input type="radio"/> <input type="radio"/>
18	<input type="text"/>	18 1 0 <input type="radio"/> <input type="radio"/>
19	<input type="text"/>	19 1 0 <input type="radio"/> <input type="radio"/>

Part 4			
20	A	B	C
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21	A	B	C
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22	A	B	C
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23	A	B	C
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24	A	B	C
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25	A	B	C
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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