

ESOL Skills for Life

Entry 2 – Writing

Sample Paper 3



Your full name:.....
(BLOCK CAPITALS)

Candidate number:.....

Centre number:.....

Exam date:.....

Time allowed: 50 minutes

- ▶ Write your name, candidate number, centre number and exam date on the front of this exam paper.
- ▶ You must not open this exam paper until instructed to do so.
- ▶ This exam paper has **three** tasks. Complete **all** tasks.
- ▶ You may highlight parts of the exam paper with a highlighter pen.
- ▶ Write your answers on the exam paper.
- ▶ Use only blue or black pen for your answers.
- ▶ Do all rough work on the exam paper. Cross through any work you do not want marked.
- ▶ You must not use pencil, erasable pen or correction fluid.
- ▶ You must not use a dictionary in this exam.
- ▶ You must not take this exam paper out of the exam room.

For examiner use only

Examiner initials	Examiner number

Task 1

Complete the form below.

Travel Card Application Form		
SECTION 1 – PERSONAL INFORMATION		
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> (please tick)		
Full name		
Address		
Postcode		
Telephone number		
Email address		
Driving licence (please tick)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nationality		
SECTION 2 – TRAVEL USE		
Usually travel to work by (circle one)	bus	underground train
When do you use public transport? (please tick)		
Monday	am <input type="checkbox"/>	pm <input type="checkbox"/>
Tuesday	am <input type="checkbox"/>	pm <input type="checkbox"/>
Wednesday	am <input type="checkbox"/>	pm <input type="checkbox"/>
Thursday	am <input type="checkbox"/>	pm <input type="checkbox"/>
Friday	am <input type="checkbox"/>	pm <input type="checkbox"/>
Saturday	am <input type="checkbox"/>	pm <input type="checkbox"/>
Sunday	am <input type="checkbox"/>	pm <input type="checkbox"/>
SECTION 3 – SIGNATURE		
Signature:	Date:	

