

# ESOL Skills for Life

## Entry 2 – Writing

### Sample Paper 6



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.

<h2 style="margin: 0;">NEWFIELD VOLUNTEER BUREAU</h2> <h3 style="margin: 0;">Volunteer registration form</h3>																					
Thank you for your interest in becoming a volunteer. Please complete the following form.																					
Title ( <i>please tick</i> ):	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other.....																				
Surname																					
First name																					
Date of birth	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: none; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: none; text-align: center;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;"><b>D</b></td> <td style="text-align: center;"><b>D</b></td> <td style="text-align: center;"><b>M</b></td> <td style="text-align: center;"><b>M</b></td> <td style="text-align: center;"><b>Y</b></td> <td style="text-align: center;"><b>Y</b></td> <td style="text-align: center;"><b>Y</b></td> <td style="text-align: center;"><b>Y</b></td> <td></td> <td></td> </tr> </table>			/			/					<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>		
		/			/																
<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>														
Gender ( <i>please circle</i> )	Male / Female																				
Address	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div>																				
Postcode																					
Contact number																					
When can you volunteer?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Saturday</td> <td style="border-bottom: 1px solid black;">am <input type="checkbox"/> pm <input type="checkbox"/></td> </tr> <tr> <td>Sunday</td> <td style="border-bottom: 1px solid black;">am <input type="checkbox"/> pm <input type="checkbox"/></td> </tr> </table>	Saturday	am <input type="checkbox"/> pm <input type="checkbox"/>	Sunday	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"/>																				
What languages do you speak?																					
Signature.....																					
Date.....																					



