

# Integrated Skills in English

## ISE IV



The Controlled Written examination

Wednesday 11 November 2009

10.00am-1.00pm

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

Candidate registration number: .....

Centre: .....

Time allowed: 3 hours

### Instructions to candidates

1. Write your name, candidate number and centre number on the front of this examination paper.
2. You must not open this examination paper until instructed to do so.
3. This examination paper contains **three** tasks. You must complete **all** tasks.
4. Use blue or black pen, not pencil.
5. Write your answers on the examination paper.
6. Do all rough work on the examination paper. Cross through any work you do not want marked.
7. You must not use a dictionary in this examination.
8. You must not use correction fluid on the examination paper.

### Information for candidates

The tasks in this examination have equal weighting.

You are advised to spend about 75 minutes on Task 1, 60 minutes on Task 2 and about 45 minutes on Task 3.

Examiner's use only							
<b>Task 1</b>							
Task fulfilment	A	B	C	D	E	N	U
Accuracy and range	A	B	C	D	E	N	U
<b>Task 2</b>							
Task fulfilment	A	B	C	D	E	N	U
Accuracy and range	A	B	C	D	E	N	U
<b>Task 3</b>							
Task fulfilment	A	B	C	D	E	N	U
Accuracy and range	A	B	C	D	E	N	U

## Integrated Skills in English IV

Time allowed: 3 hours

This examination paper contains three tasks. You must complete all tasks.

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### Task 1 – Reading into writing task – text synthesis

Read the information below. Then, **in your own words**, write a report (approximately 350 words) for a medical organisation in a developing country:

- i) summarising the ways in which Dr V's idea was a radical one, evaluating the level of success he has achieved **and**
- ii) saying how far you feel it is possible to adapt his business model to other countries, highlighting possible obstacles to success.

#### Eye care facility

Amazing solutions can emerge from the unlikeliest sources of inspiration. The humble hamburger and fries as a template for improving the health of millions? It might seem to fly in the face of reason, but thankfully Indian ophthalmologist Govindappa Venkataswamy concluded he had a radical notion worth exploring.

In 1976 at the age of 58, Dr V, as he was affectionately known, founded the Aravind Eye Hospital at a rented house in Madurai. It had just eleven beds. Three decades on, the Aravind Eye Care System is the largest and most productive eye care facility in the world, with five hospitals in southern India. Its model is so effective that it is envied by eye care hospitals across the globe.

There are an estimated 12 million blind people in India and, shockingly, 80% of this blindness is preventable. Dr V, who died in 2006, was passionate about improving the quality of life for those with sight problems. His masterstroke was to take philanthropic idealism and turn it into a self-sustaining business by following some of the concepts and principles that underpin the leading fast food chains. Why not, ran the logic, create an eye care delivery mechanism that offers the same levels of consistency and efficiency that McDonald's applies to churning out burgers?

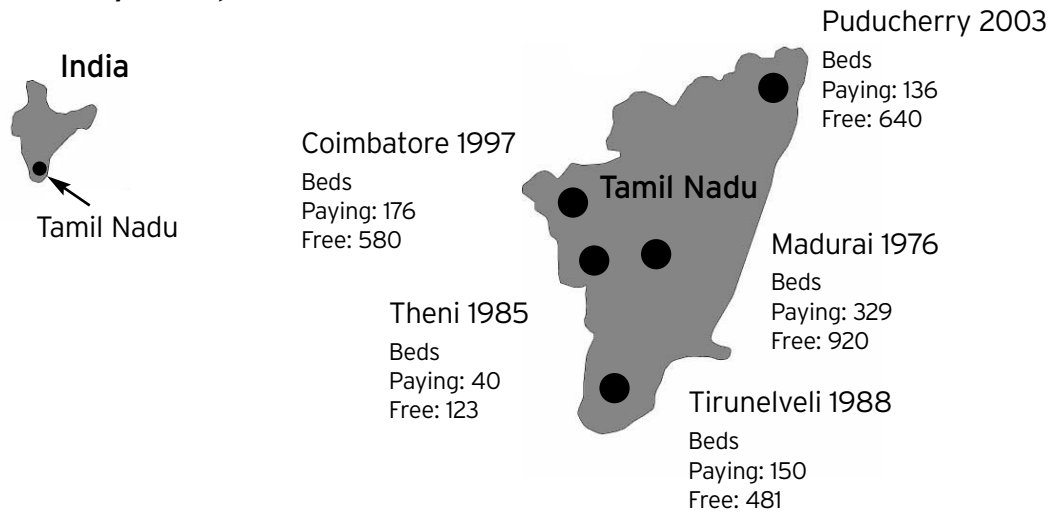
The remarkable thing about the Aravind approach is that everyone is asked to pay for treatment, but those that cannot afford it are treated anyway, free of charge. There is no means testing. Paying patients receive extra comforts, but Aravind staff are rotated between free and paying hospitals so as not to compromise treatment quality. Roughly two thirds of Aravind's services are free – every paying patient covers the cost of treating two more. There is even a surplus, which is ploughed back into the business.

The key to Aravind's success lies in keeping costs down and staff productivity high. This is achieved by recruiting lots of young paramedical staff from local villages and training them to carry out a wide range of duties, leaving the surgeons free to operate.

Use your own words as far as possible. No marks for answers copied from the reading texts.

You must make reference to both the text and the graphic information in your answer.

## Aravind Eye Hospitals



## Aravind Eye Hospitals

April 2007-March 2008

	Madurai	Theni	Tirunelveli	Coimbatore	Puducherry	Other rural clinics	Total
<b>Hospital out-patient visits</b>							
Paying	408,461	64,008	185,110	268,312	175,263	138,824	1,239,978
Free	139,947	20,647	63,556	97,395	51,395	-	372,940
<b>Surgeries</b>							
Paying	51,540	3,884	17,897	28,168	8,436	8,436	122,900
Free	55,657	6,188	21,388	41,305	14,643	14,643	162,845
Total surgeries	107,197	10,072	39,285	69,473	23,079	23,079	285,745

## Statistics on the blind

Every 5 seconds:

One person in the world goes blind

37 million:

People in the world are blind

124 million:

People in the world are visually impaired

90 per cent:

Of the world's blind live in developing countries

33.3 million:

Of the world's blind live in developing countries

More than half:

Of the world's blind live in India (9 million), Africa (7 million) and China (6 million)

(Sources: Adapted from the *Guardian* 17 November 2008, [www.aravind.org](http://www.aravind.org), *Statistics Canada*, *WHO*, *CNIB*)

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**Task 2 – Reading into writing task – text transformation**

Read the text below. Then, **in your own words**, present the information given in the text as a blog with two or more contributors (approximately 300 words in total) arguing whose rights are paramount in this situation.

**The mobile phone jammer**

One afternoon recently in San Francisco, an architect boarded his commuter train and became a mobile phone vigilante. He sat down next to a woman in her twenties who he said was 'blabbing away' into her phone.

'She was using the word "like" all the time,' said the architect, Andrew, who declined to give his last name because what he did next was illegal.

Andrew reached into his shirt pocket and pushed a button on a black device the size of a cigarette pack. It sent out a powerful radio signal that cut off the chatterer's mobile phone transmission – and any others in a 9-metre radius.

'She kept talking into her phone for about 30 seconds before she realised there was no one listening,' he said. His reaction when he first discovered he could wield such power? 'Oh, holy moly! Deliverance.'

As mobile phone use has skyrocketed, making it hard to avoid hearing half a conversation in many public places, a small but growing band of rebels is turning to a blunt counter-measure: the mobile phone jammer, a gadget that renders nearby mobile devices impotent.

The technology is not new, but exporters of jammers say demand is rising and they are sending hundreds of them a month into the US – prompting scrutiny from federal regulators and concern from the mobile phone industry. The buyers include owners of cafés and hair salons, hoteliers, public speakers, theatre operators and, increasingly, commuters on public transportation.

The development is creating a battle for control of the airspace within earshot. And the damage is collateral. Insensitive talkers impose their racket on the defenceless, while jammers punish not just the offender, but also more discreet chatterers.

'If anything characterises the 21<sup>st</sup> century, it's our inability to restrain ourselves for the benefit of other people,' said an American professor of Communication Studies. 'The mobile phone talker thinks his rights go above that of people around him, and the jammer thinks his are the more important rights.'

(Source: Adapted from *The New York Times*, 25 November 2007)





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A series of 30 horizontal dotted lines spanning the width of the page, intended for handwritten responses.

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