

# ESOL Skills for Life

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## 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.
- ▶ Please complete **all three** tasks.
- ▶ Write your answers in blue or black pen on the exam paper.
- ▶ You must not use pencil, erasable pen or correction fluid on the exam paper.
- ▶ You must not use a dictionary in this exam.

*For examiner use only*

Examiner initials	Examiner number

**Task 1**

Complete the form below.

<b>Travel Card Application Form</b>		
<b>SECTION 1 – PERSONAL INFORMATION</b>		
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		
<b>SECTION 2 – TRAVEL USE</b>		
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"/>
<b>SECTION 3 – SIGNATURE</b>		
Signature:	Date:	



