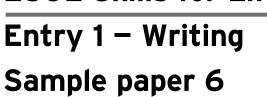
ESOL Skills for Life





Your full name:	
(BLOCK CAPITALS)	
Candidate number:	
Centre number:	
Exam date:	

Time allowed: 30 minutes

- ▶ Please complete **all three** tasks.
- ▶ Write your answers in pen, **not** pencil.
- ▶ You may **not** use dictionaries.
- You may **not** use correction fluid.

Task 1
Complete the form below.

Leisure Centre	APPLICATION FORM
Please complete this form.	
Family name	
First name	
Address	
Postcode	
Telephone number	
Email address	
Date of birth	D D M M Y Y Y Y
Signature	

Task 2

You are in a café. Write a note to your friend. Tell your friend what you are doing. Write about 30 words.

In the café

Task 3

Write about a meal for your teacher.

Write about 30 words.

A meal