

ESOL Skills for Life

Entry 2 – Writing

Sample paper 5

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.

Employee Record Form	
SECTION 1 – CONTACT DETAILS	
Title: Mr Mrs Ms Miss (please delete as applicable)	
First name	
Surname	
Address	
Postcode	
Email address	
Phone number	
SECTION 2 – PERSONAL DETAILS	
Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y
Gender	MALE / FEMALE (please delete as applicable)
Nationality	
What languages do you speak?	
SECTION 3 – SIGNATURE	
Signature	

