

# LISTENING – ANSWER SHEET

## Candidate Number:

Place a  in the appropriate box.  
Do not make corrections.  
Never mark more than one box.

PLACE BAR CODE HERE

### Task One: Short Conversations 1-6

| Question | Your Answer              |                          |                          |                          |                          |                          |                          |                          |
|----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|          | A                        | B                        | C                        | D                        | E                        | F                        | G                        | H                        |
| 1        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          | A                        | B                        | C                        | D                        | E                        | F                        | G                        | H                        |

### Task Three: Radio Programme 16-25

| Question | Your Answer              |                          |                          |
|----------|--------------------------|--------------------------|--------------------------|
|          | A                        | B                        | C                        |
| 16       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          | A                        | B                        | C                        |

### Task Two: Making Notes 7-15

|                    |                    |
|--------------------|--------------------|
| 7                  | 12                 |
| Do not write here! | Do not write here! |
| 8                  | 13                 |
| Do not write here! | Do not write here! |
| 9                  | 14                 |
| Do not write here! | Do not write here! |
| 10                 | 15                 |
| Do not write here! | Do not write here! |
| 11                 |                    |
| Do not write here! |                    |