

Please write your **full name** in CAPITAL letters on the line below:

Please write your Candidate number on the line below:

Please write your three digit language code in the boxes and shade the numbers in the grid on the right.



0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9



Are you: Female? ☐ Male? ☐

Reading Reading Reading Reading Reading Reading

Module taken (shade one box): Academic ☐ General Training ☐

		Marker use only			Marker use only
1		✓ 1 x <input type="checkbox"/> <input type="checkbox"/>	21		✓ 21 x <input type="checkbox"/> <input type="checkbox"/>
2		✓ 2 x <input type="checkbox"/> <input type="checkbox"/>	22		✓ 22 x <input type="checkbox"/> <input type="checkbox"/>
3		✓ 3 x <input type="checkbox"/> <input type="checkbox"/>	23		✓ 23 x <input type="checkbox"/> <input type="checkbox"/>
4		✓ 4 x <input type="checkbox"/> <input type="checkbox"/>	24		✓ 24 x <input type="checkbox"/> <input type="checkbox"/>
5		✓ 5 x <input type="checkbox"/> <input type="checkbox"/>	25		✓ 25 x <input type="checkbox"/> <input type="checkbox"/>
6		✓ 6 x <input type="checkbox"/> <input type="checkbox"/>	26		✓ 26 x <input type="checkbox"/> <input type="checkbox"/>
7		✓ 7 x <input type="checkbox"/> <input type="checkbox"/>	27		✓ 27 x <input type="checkbox"/> <input type="checkbox"/>
8		✓ 8 x <input type="checkbox"/> <input type="checkbox"/>	28		✓ 28 x <input type="checkbox"/> <input type="checkbox"/>
9		✓ 9 x <input type="checkbox"/> <input type="checkbox"/>	29		✓ 29 x <input type="checkbox"/> <input type="checkbox"/>
10		✓ 10 x <input type="checkbox"/> <input type="checkbox"/>	30		✓ 30 x <input type="checkbox"/> <input type="checkbox"/>
11		✓ 11 x <input type="checkbox"/> <input type="checkbox"/>	31		✓ 31 x <input type="checkbox"/> <input type="checkbox"/>
12		✓ 12 x <input type="checkbox"/> <input type="checkbox"/>	32		✓ 32 x <input type="checkbox"/> <input type="checkbox"/>
13		✓ 13 x <input type="checkbox"/> <input type="checkbox"/>	33		✓ 33 x <input type="checkbox"/> <input type="checkbox"/>
14		✓ 14 x <input type="checkbox"/> <input type="checkbox"/>	34		✓ 34 x <input type="checkbox"/> <input type="checkbox"/>
15		✓ 15 x <input type="checkbox"/> <input type="checkbox"/>	35		✓ 35 x <input type="checkbox"/> <input type="checkbox"/>
16		✓ 16 x <input type="checkbox"/> <input type="checkbox"/>	36		✓ 36 x <input type="checkbox"/> <input type="checkbox"/>
17		✓ 17 x <input type="checkbox"/> <input type="checkbox"/>	37		✓ 37 x <input type="checkbox"/> <input type="checkbox"/>
18		✓ 18 x <input type="checkbox"/> <input type="checkbox"/>	38		✓ 38 x <input type="checkbox"/> <input type="checkbox"/>
19		✓ 19 x <input type="checkbox"/> <input type="checkbox"/>	39		✓ 39 x <input type="checkbox"/> <input type="checkbox"/>
20		✓ 20 x <input type="checkbox"/> <input type="checkbox"/>	40		✓ 40 x <input type="checkbox"/> <input type="checkbox"/>

Marker 2 Initials		Marker 1 Initials		Band Score		Reading Total	
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