BRITISH COUNCIL

idp IELTS AUSTRALIA

UNIVERSITY of CAMBRIDGE ESOL Examinations

IELTS Listening and Reading Answer Sheet

Centre number:

Pencil must be used to complete thi

Please write your **full name** in CAP

Then write your six digit Candidate
shade the number in the grid on the

Test date (shade ONE box for th

Day: 01 02 03 04 05 06 0 ... 28 29 30 31

Month: 01 02 03 04 05 06 0 ... **Year** (last 2 digits): ... 16 17 18

Trainer Test 6

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

Marker 2 Initials		Marker 1 Initials		Band Score		Listening Total	

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LIVEWORKSHEETS