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

Cam 15 Test 4

	Listening	Listening	Listening		Listening	Listening	Listening	
		Marker use only				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