



**Cambridge Assessment**  
English

Candidate  
Name

Candidate  
Number

   

Centre  
Name

Centre  
Number

 

Examination  
Title

Examination  
Details

Candidate  
Signature

Assessment  
Date

Supervisor: If the candidate is ABSENT or has WITHDRAWN shade here ☐

## First Reading and Use of English Candidate Answer Sheet

### Instructions

Use a **PENCIL** (B or HB).

Rub out any answer you want to change using an eraser.

**Parts 1, 5, 6 and 7:**

Mark **ONE** letter for each question.

For example, if you think A is the right answer to the question, mark your answer sheet like this:



**Parts 2, 3 and 4:** Write your answer clearly in **CAPITAL LETTERS**.

For parts 2 and 3, write one letter in each box.



### Part 1

|   |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 | A                     | B                     | C                     | D                     |
|   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2 | A                     | B                     | C                     | D                     |
|   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 | A                     | B                     | C                     | D                     |
|   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 | A                     | B                     | C                     | D                     |
|   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 | A                     | B                     | C                     | D                     |
|   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6 | A                     | B                     | C                     | D                     |
|   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7 | A                     | B                     | C                     | D                     |
|   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8 | A                     | B                     | C                     | D                     |
|   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### Part 2

|    |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|----|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 9  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 10 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 11 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 12 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 13 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 14 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 15 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 16 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Do not write  
below here

|    |                       |                       |
|----|-----------------------|-----------------------|
| 9  | 1                     | 0                     |
|    | <input type="radio"/> | <input type="radio"/> |
| 10 | 1                     | 0                     |
|    | <input type="radio"/> | <input type="radio"/> |
| 11 | 1                     | 0                     |
|    | <input type="radio"/> | <input type="radio"/> |
| 12 | 1                     | 0                     |
|    | <input type="radio"/> | <input type="radio"/> |
| 13 | 1                     | 0                     |
|    | <input type="radio"/> | <input type="radio"/> |
| 14 | 1                     | 0                     |
|    | <input type="radio"/> | <input type="radio"/> |
| 15 | 1                     | 0                     |
|    | <input type="radio"/> | <input type="radio"/> |
| 16 | 1                     | 0                     |
|    | <input type="radio"/> | <input type="radio"/> |

Continues over



## Part 3

Do not write  
below here

|    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |
|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------|
| 17 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 17 1 0<br>○ ○ |
| 18 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 18 1 0<br>○ ○ |
| 19 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 19 1 0<br>○ ○ |
| 20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 20 1 0<br>○ ○ |
| 21 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 21 1 0<br>○ ○ |
| 22 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 22 1 0<br>○ ○ |
| 23 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 23 1 0<br>○ ○ |
| 24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 24 1 0<br>○ ○ |

## Part 4

Do not write  
below here

|    |  |                   |
|----|--|-------------------|
| 25 |  | 25 2 1 0<br>○ ○ ○ |
| 26 |  | 26 2 1 0<br>○ ○ ○ |
| 27 |  | 27 2 1 0<br>○ ○ ○ |
| 28 |  | 28 2 1 0<br>○ ○ ○ |
| 29 |  | 29 2 1 0<br>○ ○ ○ |
| 30 |  | 30 2 1 0<br>○ ○ ○ |

## Part 5

|    |   |   |   |   |
|----|---|---|---|---|
| 31 | A | B | C | D |
|    | ○ | ○ | ○ | ○ |
| 32 | A | B | C | D |
|    | ○ | ○ | ○ | ○ |
| 33 | A | B | C | D |
|    | ○ | ○ | ○ | ○ |
| 34 | A | B | C | D |
|    | ○ | ○ | ○ | ○ |
| 35 | A | B | C | D |
|    | ○ | ○ | ○ | ○ |
| 36 | A | B | C | D |
|    | ○ | ○ | ○ | ○ |

## Part 6

|    |   |   |   |   |   |   |   |
|----|---|---|---|---|---|---|---|
| 37 | A | B | C | D | E | F | G |
|    | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 38 | A | B | C | D | E | F | G |
|    | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 39 | A | B | C | D | E | F | G |
|    | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 40 | A | B | C | D | E | F | G |
|    | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 41 | A | B | C | D | E | F | G |
|    | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| 42 | A | B | C | D | E | F | G |
|    | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

## Part 7

|    |   |   |   |   |   |   |
|----|---|---|---|---|---|---|
| 43 | A | B | C | D | E | F |
|    | ○ | ○ | ○ | ○ | ○ | ○ |
| 44 | A | B | C | D | E | F |
|    | ○ | ○ | ○ | ○ | ○ | ○ |
| 45 | A | B | C | D | E | F |
|    | ○ | ○ | ○ | ○ | ○ | ○ |
| 46 | A | B | C | D | E | F |
|    | ○ | ○ | ○ | ○ | ○ | ○ |
| 47 | A | B | C | D | E | F |
|    | ○ | ○ | ○ | ○ | ○ | ○ |
| 48 | A | B | C | D | E | F |
|    | ○ | ○ | ○ | ○ | ○ | ○ |
| 49 | A | B | C | D | E | F |
|    | ○ | ○ | ○ | ○ | ○ | ○ |
| 50 | A | B | C | D | E | F |
|    | ○ | ○ | ○ | ○ | ○ | ○ |
| 51 | A | B | C | D | E | F |
|    | ○ | ○ | ○ | ○ | ○ | ○ |
| 52 | A | B | C | D | E | F |
|    | ○ | ○ | ○ | ○ | ○ | ○ |



# CAMBRIDGE

Candidate  
Name

Candidate  
Number

   

Centre  
Name

Centre  
Number

 

Examination  
Title

Examination  
Details

Candidate  
Signature

Assessment  
Date

Supervisor: If the candidate is ABSENT or has WITHDRAWN shade here ☐

## First Listening Candidate Answer Sheet

### Instructions

Use a PENCIL (B or HB).

Rub out any answer you want to change using an eraser.

### Parts 1, 3 and 4:

Mark ONE letter for each question.

For example, if you think **A** is the right answer to the question, mark your answer sheet like this:

|   |   |   |   |
|---|---|---|---|
| 0 | A | B | C |
|---|---|---|---|

### Part 2:

Write your answer clearly in CAPITAL LETTERS.

Write one letter or number in each box.

If the answer has more than one word, leave one box empty between words.

For example:

|   |   |   |   |   |   |   |  |   |   |  |
|---|---|---|---|---|---|---|--|---|---|--|
| 0 | N | U | M | B | E | R |  | 1 | 2 |  |
|---|---|---|---|---|---|---|--|---|---|--|

Turn this sheet over to start.

|   |        |        |        |
|---|--------|--------|--------|
| 1 | A<br>○ | B<br>○ | C<br>○ |
| 2 | A<br>○ | B<br>○ | C<br>○ |
| 3 | A<br>○ | B<br>○ | C<br>○ |
| 4 | A<br>○ | B<br>○ | C<br>○ |

|   |        |        |        |
|---|--------|--------|--------|
| 5 | A<br>○ | B<br>○ | C<br>○ |
| 6 | A<br>○ | B<br>○ | C<br>○ |
| 7 | A<br>○ | B<br>○ | C<br>○ |
| 8 | A<br>○ | B<br>○ | C<br>○ |

Do not write  
below here

[illegible]

|    |        |        |        |        |        |        |        |        |
|----|--------|--------|--------|--------|--------|--------|--------|--------|
| 19 | A<br>○ | B<br>○ | C<br>○ | D<br>○ | E<br>○ | F<br>○ | G<br>○ | H<br>○ |
| 20 | A<br>○ | B<br>○ | C<br>○ | D<br>○ | E<br>○ | F<br>○ | G<br>○ | H<br>○ |
| 21 | A<br>○ | B<br>○ | C<br>○ | D<br>○ | E<br>○ | F<br>○ | G<br>○ | H<br>○ |
| 22 | A<br>○ | B<br>○ | C<br>○ | D<br>○ | E<br>○ | F<br>○ | G<br>○ | H<br>○ |
| 23 | A<br>○ | B<br>○ | C<br>○ | D<br>○ | E<br>○ | F<br>○ | G<br>○ | H<br>○ |

|    |        |        |        |
|----|--------|--------|--------|
| 24 | A<br>○ | B<br>○ | C<br>○ |
| 25 | A<br>○ | B<br>○ | C<br>○ |
| 26 | A<br>○ | B<br>○ | C<br>○ |
| 27 | A<br>○ | B<br>○ | C<br>○ |
| 28 | A<br>○ | B<br>○ | C<br>○ |
| 29 | A<br>○ | B<br>○ | C<br>○ |
| 30 | A<br>○ | B<br>○ | C<br>○ |



## FIRST CERTIFICATE IN ENGLISH

Writing

Day XX MONTH 201X

\*\*

Candidate  
NameCentre  
Number

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

Candidate  
Number

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

## Answer Sheet for Writing

### INSTRUCTIONS TO CANDIDATES

Write your name, centre number and candidate number in the spaces above.

Write your answers to Part 1 and Part 2 on this answer sheet.

You **must** write within the grey lines.

Write clearly in **pen**, not pencil. You may make alterations, but make sure that your work is easy to read.

Do **not** write on the barcodes.

\*