BRITISH COUNCIL

idp IELTS AUSTRALIA

UNIVERSITY of CAMBRIDGE ESOL Examinations

IELTS Listening and Reading Answer Sheet

Centre number:

Pencil must be used to complete this sheet.

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

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 ... 7 28 29 30 31

Month: 01 02 03 04 05 06 0 ... 6 17 18

Test 6

Listening		Marker use only	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	

LIVEWORKSHEETS