BRITISH COUNCIL

idp IELTS AUSTRALIA

UNIVERSITY of CAMBRIDGE ESOL Examinations

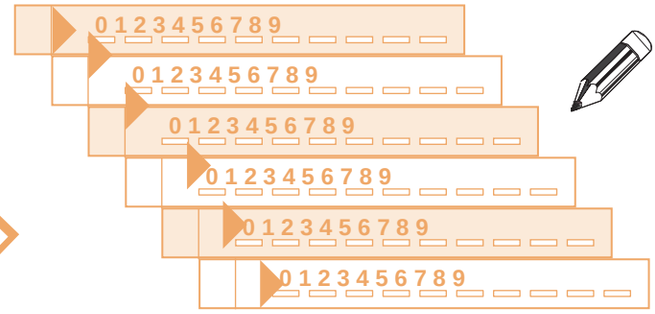
IELTS Listening and Reading Answer Sheet

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 number in the boxes and shade the number in the grid on the right.



Test date (shade ONE box for the day, ONE box for the month and ONE box for the year):

Day: 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Month: 01 02 03 04 05 06 07 08 09 10 11 12 **Year** (last 2 digits): 18 19 20 22 23 24 25 26 27 28

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	

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