

PRINT your name and date of birth below.

**First name**

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**Surname**

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**Date of birth**

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**NOTE:** PLEASE DO NOT WRITE IN THE TEST BOOKLET.

## INSTRUCTIONS

PRINT your answer in the box for each question.

IF YOU MAKE A MISTAKE, draw a line through your wrong answer. Write your new answer to the side of the box – see example below.



CHECK your answers and that you have answered all of the 30 questions.

1	7	13	19	25
2	8	14	20	26
3	9	15	21	27
4	10	16	22	28
5	11	17	23	29
6	12	18	24	30

Marked by \_\_\_\_\_

Score \_\_\_\_\_ /30

Pass

Fail