

# We Design Your Career

# The Career Makers International

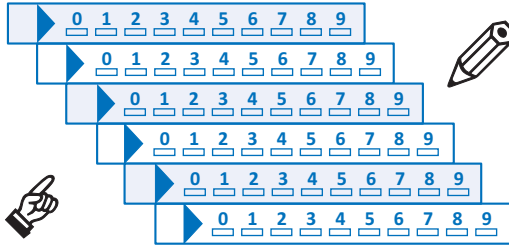
## IELTS Listening Answer Sheet

**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.



**Qualification:** \_\_\_\_\_ **Candidate Joined On:** \_\_\_\_\_

Module:  ACADEMIC  GENERAL TRAINING  Required Bands  Date

Listening

Listening

Listening

Listening

1		✓ 1 <input type="checkbox"/>	X <input type="checkbox"/>
2		✓ 2 <input type="checkbox"/>	X <input type="checkbox"/>
3		✓ 3 <input type="checkbox"/>	X <input type="checkbox"/>
4		✓ 4 <input type="checkbox"/>	X <input type="checkbox"/>
5		✓ 5 <input type="checkbox"/>	X <input type="checkbox"/>
6		✓ 6 <input type="checkbox"/>	X <input type="checkbox"/>
7		✓ 7 <input type="checkbox"/>	X <input type="checkbox"/>
8		✓ 8 <input type="checkbox"/>	X <input type="checkbox"/>
9		✓ 9 <input type="checkbox"/>	X <input type="checkbox"/>
10		✓ 10 <input type="checkbox"/>	X <input type="checkbox"/>
11		✓ 11 <input type="checkbox"/>	X <input type="checkbox"/>
12		✓ 12 <input type="checkbox"/>	X <input type="checkbox"/>
13		✓ 13 <input type="checkbox"/>	X <input type="checkbox"/>
14		✓ 14 <input type="checkbox"/>	X <input type="checkbox"/>
15		✓ 15 <input type="checkbox"/>	X <input type="checkbox"/>
16		✓ 16 <input type="checkbox"/>	X <input type="checkbox"/>
17		✓ 17 <input type="checkbox"/>	X <input type="checkbox"/>
18		✓ 18 <input type="checkbox"/>	X <input type="checkbox"/>
19		✓ 19 <input type="checkbox"/>	X <input type="checkbox"/>
20		✓ 20 <input type="checkbox"/>	X <input type="checkbox"/>

21		✓ 1 <input type="checkbox"/>	X <input type="checkbox"/>
22		✓ 2 <input type="checkbox"/>	X <input type="checkbox"/>
23		✓ 3 <input type="checkbox"/>	X <input type="checkbox"/>
24		✓ 4 <input type="checkbox"/>	X <input type="checkbox"/>
25		✓ 5 <input type="checkbox"/>	X <input type="checkbox"/>
26		✓ 6 <input type="checkbox"/>	X <input type="checkbox"/>
27		✓ 7 <input type="checkbox"/>	X <input type="checkbox"/>
28		✓ 8 <input type="checkbox"/>	X <input type="checkbox"/>
29		✓ 9 <input type="checkbox"/>	X <input type="checkbox"/>
30		✓ 10 <input type="checkbox"/>	X <input type="checkbox"/>
31		✓ 11 <input type="checkbox"/>	X <input type="checkbox"/>
32		✓ 12 <input type="checkbox"/>	X <input type="checkbox"/>
33		✓ 13 <input type="checkbox"/>	X <input type="checkbox"/>
34		✓ 14 <input type="checkbox"/>	X <input type="checkbox"/>
35		✓ 15 <input type="checkbox"/>	X <input type="checkbox"/>
36		✓ 16 <input type="checkbox"/>	X <input type="checkbox"/>
37		✓ 17 <input type="checkbox"/>	X <input type="checkbox"/>
38		✓ 18 <input type="checkbox"/>	X <input type="checkbox"/>
39		✓ 19 <input type="checkbox"/>	X <input type="checkbox"/>
40		✓ 20 <input type="checkbox"/>	X <input type="checkbox"/>

Maker2 Initials

Maker2 Initials

Band Score

Listening Total