

**ESOL Skills for Life
English Writing SAMPLE
Assessment – Entry 2**

Centre No.	Candidate Run No.
Centre Name	
Candidate Name	
Candidate Signature	

Instructions to learners

Check that you have the correct paper.

Do not open the paper until you are told to do so.

Write your name.

Use **blue** or **black** ink. Do not use a pencil.

You must **not** use a dictionary.

There are 2 tasks

You have **1 hour** to finish the assessment.



E2Write AJ 082017

Task 1 (30 minutes)

Write an email to a friend telling them about a picnic you are going on at the weekend.
Invite your friend to go with you.

You could write about:

- Why you are having a picnic.
- Where you are going.
- What time you are going.
- How you are getting there.
- The food and drink you are taking.




Write your information on the next page.

You have 30 minutes to answer this question.

Task 2 (30 minutes)

You are ordering a picnic basket for yourself and a friend.

Fill in the form. You have 30 minutes.

 PICNIC BASKET REQUEST																																				
Title <i>✓tick</i>	Mr () Mrs () Miss () Ms () Dr ()																																			
Family Name	First Name																																			
Address																																				
Postcode																																				
Phone Number	Email Address																																			
Date of picnic: <i>Circle the date you want</i>	CALENDAR <table border="1"> <tr> <td></td><td></td><td></td><td></td><td>1</td><td>2</td><td>3</td> </tr> <tr> <td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> <tr> <td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td> </tr> <tr> <td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td> </tr> <tr> <td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td> </tr> </table>					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
					1	2	3																													
	4	5	6	7	8	9	10																													
	11	12	13	14	15	16	17																													
	18	19	20	21	22	23	24																													
25	26	27	28	29	30	31																														
Number of People																																				
Drink <i>✓tick one below</i>																																				
JUICE	SODA																																			
	WATER																																			
Food <i>✓tick one below</i>																																				
Vegetarian	Meat																																			
	Mix of Vegetarian and Meat																																			
Please indicate how you wish to pay:																																				
<i>✓tick</i>	  																																			
Signed:	Date:																																			

END OF ASSESSMENT

NOCN
The Quadrant
Parkway Business Centre
99 Parkway Avenue
Sheffield
S9 4WG

E-mail: nocn@nocn.org.uk

Tel: 0114 2270500
Fax: 0114 2270501