



Candidate's Name
School Name

DATE OF TEST		
Day	Month	Year

CANDIDATE NUMBER									

SCHOOL NUMBER					

DATE OF BIRTH		
Day	Month	Year

Please mark boxes with a thin horizontal line like this .

## NON-VERBAL REASONING - SECTION 1

<b>EXAMPLE</b> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>		<b>1</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>2</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>3</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>4</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>5</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>6</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>7</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>
<b>P1</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>P2</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>8</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>9</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>10</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>11</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>12</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>13</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>14</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>
		<b>15</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>16</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>17</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>18</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>19</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>20</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	

## NON-VERBAL REASONING - SECTION 2

<b>EXAMPLE 1</b> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>EXAMPLE 2</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>		<b>21</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>22</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>23</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>24</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>25</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>26</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>27</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>
<b>P1</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>		<b>28</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>29</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>30</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>31</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>32</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>33</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>34</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	
		<b>35</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>36</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>37</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>38</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>39</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>40</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>		



Please mark boxes with a thin horizontal line like this .

## MATHEMATICS

<b>41</b> 0.5 <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/>	<b>42</b> 7 thousands <input type="checkbox"/> 7 hundreds <input type="checkbox"/> 7 tens <input type="checkbox"/> 7 ones <input type="checkbox"/> 7 thousandths <input type="checkbox"/>	<b>43</b> 1.45m <input type="checkbox"/> 1.63m <input type="checkbox"/> 1.65m <input type="checkbox"/> 1.405m <input type="checkbox"/> 1.603m <input type="checkbox"/>	<b>44</b> 0.3l <input type="checkbox"/> 0.25l <input type="checkbox"/> 400ml <input type="checkbox"/> 0.35l <input type="checkbox"/> 200ml <input type="checkbox"/>	<b>45</b> 6.5 hours <input type="checkbox"/> 7 hours <input type="checkbox"/> 7.5 hours <input type="checkbox"/> 8 hours <input type="checkbox"/> 8.5 hours <input type="checkbox"/>	<b>46</b> 12 <input type="checkbox"/> 15 <input type="checkbox"/> 18 <input type="checkbox"/> 21 <input type="checkbox"/> 24 <input type="checkbox"/>	<b>47</b> 7:15 <input type="checkbox"/> 7:25 <input type="checkbox"/> 19:25 <input type="checkbox"/> 19:15 <input type="checkbox"/> 21:15 <input type="checkbox"/>	<b>48</b> £82.00 <input type="checkbox"/> £62.63 <input type="checkbox"/> £62.00 <input type="checkbox"/> £61.50 <input type="checkbox"/> £46.50 <input type="checkbox"/>
<b>49</b> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/>	<b>50</b> 6 minutes <input type="checkbox"/> 10 minutes <input type="checkbox"/> 13 minutes <input type="checkbox"/> 16 minutes <input type="checkbox"/> 26 minutes <input type="checkbox"/>	<b>51</b> 1% <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> 50% <input type="checkbox"/>	<b>52</b> Angle x is less than 90 degrees. <input type="checkbox"/> Angle x is a right angle. <input type="checkbox"/> Angle x is more than 180 degrees. <input type="checkbox"/> Angle x is between 90 and 180 degrees. <input type="checkbox"/> Angle x is 180 degrees. <input type="checkbox"/>	<b>53</b> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 15 <input type="checkbox"/>	<b>54</b> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/>	<b>55</b> 1850 <input type="checkbox"/> 1875 <input type="checkbox"/> 1895 <input type="checkbox"/> 1900 <input type="checkbox"/> 1910 <input type="checkbox"/>	
<b>56</b> They are all even numbers. <input type="checkbox"/> They are all two-figure numbers. <input type="checkbox"/> They are all prime numbers. <input type="checkbox"/> They are all square numbers. <input type="checkbox"/> They can all be divided by 2 without a remainder. <input type="checkbox"/>	<b>57</b> 37.8°C <input type="checkbox"/> 47.5°C <input type="checkbox"/> 34.5°C <input type="checkbox"/> 37.2°C <input type="checkbox"/> 40.5°C <input type="checkbox"/>	<b>58</b> 4kg <input type="checkbox"/> 4.5kg <input type="checkbox"/> 40kg <input type="checkbox"/> 4000kg <input type="checkbox"/> 4500kg <input type="checkbox"/>	<b>59</b> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 18 <input type="checkbox"/> 27 <input type="checkbox"/>	<b>60</b> CMLXXXIV <input type="checkbox"/> MLXVI <input type="checkbox"/> DCCCLXXXIV <input type="checkbox"/> MCDLXIV <input type="checkbox"/> MDLXXXVI <input type="checkbox"/>	<b>61</b> 10.5m <input type="checkbox"/> 75cm <input type="checkbox"/> 150cm <input type="checkbox"/> 5.25m <input type="checkbox"/> 125cm <input type="checkbox"/>		
<b>62</b> 27 <input type="checkbox"/> 37 <input type="checkbox"/> 127 <input type="checkbox"/> 137 <input type="checkbox"/> 687 <input type="checkbox"/>	<b>63</b> $\frac{5}{12}$ <input type="checkbox"/> $\frac{1}{2}$ <input type="checkbox"/> $\frac{1}{4}$ <input type="checkbox"/> $\frac{1}{12}$ <input type="checkbox"/> $\frac{1}{6}$ <input type="checkbox"/>	<b>64</b> 2.25kg <input type="checkbox"/> 1.25kg <input type="checkbox"/> 1.8kg <input type="checkbox"/> 2.7kg <input type="checkbox"/> 1.35kg <input type="checkbox"/>	<b>65</b> 20l <input type="checkbox"/> 34l <input type="checkbox"/> 1.5l <input type="checkbox"/> 4l <input type="checkbox"/> 2l <input type="checkbox"/>				

