

<i>900 exercises in vocational communication</i>	Notes for teachers	D1 / 12
<i>General aim</i>	D: Write a message	
<i>Level of difficulty</i>	1	
<i>Intermediate aim</i>	1: Produce a written message	
<i>Operational aim</i>	2: Fill in a form	
<i>Pre-requirements</i>	<ul style="list-style-type: none"> - Ability to read. - Ability to write simple sentences 	
<i>Number of exercises</i>	4	
<i>Summing up exercise</i>	D1/11-1.5	
<i>Comments</i>	<p>These forms are not authentic. They are based on forms used in the different countries of the European Union. The teacher can ask the learners to bring in forms that could be photocopied and then filled in.</p>	

Here is an example of a form.

I want to make an appointment with a financial adviser.
I have to fill in the form. Then I must take it to the bank.
The financial adviser will phone me. He will suggest a date for an appointment.

Here is my form filled in:

Mrs Mr

Last name: *MALLET*

First name: *Mark*

Address: *3, Beaver Road*

Postcode: *TN23 7SE*

Town & County: *ASHFORD, KENT*

Phone no.: *01233 678151*

Mobile phone: *07955 441263*

When can we phone you?
Any day in the week except Tuesday, between 12.30 and 2pm.

PLEASE GO TO THE NEXT PAGE

<i>900 exercises in vocational communication</i>	Exercise	D1 / 12 – 1.2
		Eval.:

Here is the form from the page before.

It is not filled in.

Fill it in with your details.

Mrs Mr

Last name: _____

First name: _____

Address: _____

Postcode: _____

Town & County: _____

Phone no.: _____

Mobile phone: _____

When can we telephone you? _____

SHOW YOUR WORK TO THE TEACHER

You are applying for a job at the supermarket Al Fresco's.
Fill in the application form.

Application form for the supermarket Al Fresco's

Personal data:

Last name ⁽¹⁾: _____

Maiden name: _____

First name: _____

Number and street: _____

Town and postcode: _____

Country: _____

Phone number: _____

Mobile number: _____

E-mail: _____

Driving licence⁽²⁾: **YES** **NO**

Date of birth: _____

Place of birth: _____

Nationality: _____

Educational background:

Schools: **Primary** **Secondary** **Higher/further**

Certificates or diplomas obtained: _____

Mother tongue: _____

Foreign languages: _____

⁽¹⁾ *In block capitals*

⁽²⁾ *Tick the box applicable*

Look at the answers for D1/12–1.3

Here is the form a young woman has filled in:

Application form for the supermarket Al Fresco's

Personal data:

Last name ⁽¹⁾: _____

Maiden name: _____

First name: _____

Number and street: _____

Town and postcode: _____

Country: _____

Phone number: _____

Mobile number: _____

E-mail: _____

Driving licence⁽²⁾: YES NO

Date of birth: _____

Place of birth: _____

Nationality: _____

Educational background:

Schools: Primary Secondary Higher/further

Certificates or diplomas obtained: _____

Mother tongue: _____

Foreign languages: _____

⁽¹⁾ In block capitals

⁽²⁾ Tick the box applicable

<i>900 exercises in vocational communication</i>	Exercise	D1 / 12 – 1.4
		Eval.:

Adrian Barber was born on 17 August 2000 in Hythe (Kent).

He wants to join the football section of the club.

This is his first enrolment.

He lives with his mother. Address: 3 Saltwood Road, HYTHE, Kent CT21 4AD

His mother's name is Veronica Barber.

Her phone number is 01303 661941. Her mobile number is 0784522962.

You are doing a work placement in the secretary's office of the club.

You help Adrian to fill in the enrolment form.

LAKESIDE SPORTS CLUB	
ENROLMENT FORM	
<i>First enrolment</i>	(1) <input type="checkbox"/>
<i>Re-enrolment</i>	(1) <input type="checkbox"/>
Sport	:
Last name	:
First name	:
Address	:
Date of birth	:
Place of birth:	
Guardian (mother/father/other):	
Full name	:
Phone numbers:	Home:
	Mobile:
<i>(1) Tick the box applicable</i>	

Look at the answers for D1/12–1.4

Adrian CAMBRY was born on 17 August 2000 in (F-92210).

He wants to join the football section of the club.

This is his first enrolment.

He lives with his mother. Address: 3 Saltwood Road, HYTHE, Kent CT21 4AD

His mother's name is Veronica Barber.

Her phone number is 01303 661941. Her mobile number is 0784 522962.

You are doing a work placement in the secretary's office of the club.

You help Adrian to fill in the enrolment form.

**LAKESIDE SPORTS CLUB
ENROLMENT FORM**

First enrolment ⁽¹⁾

Re-enrolment ⁽¹⁾

Sport : Football

Last name : Barber

First name : Adrian

Address : 3 Saltwood Road, HYTHE, Kent CT21 4AD

Date of birth : 17 August 2000

Place of birth : Hythe, Kent

Guardian (mother/father/other): Mother

Full name : Veronica Barber

Phone numbers : **Home:** 01303 661941

Mobile: 0784 522962

⁽¹⁾ *Tick the box applicable*

Your twin sister Lucy Garner is at college.
Your name is Lucian Garner. You have just been offered a very well paid job.
You would like to help your sister to pay her rent.
You want to give her 250 €a month for a year.

You are going to make a standing order at your bank.
Your sister will receive this amount in her account.
The sum will be paid into her account on the 1st of each month.

You have to fill in the following form.
You are the principal. Your sister is the beneficiary.
Your bank is BPP and your sister's is the same.
Your account number is: FR72 3007 5000 3652 1289 2745 45
Your sister's account number is: FR72 3007 5000 3623 4316 1852 34

Standing order

Full name of beneficiary:
Bank of beneficiary:
Account number:
Full name of principal:
Bank of principal:
Principal's account number:
Sum to be paid, in Euros:
Date of payment of the sum each month:
First payment:
Last payment:
Reason (optional):
Signature of principal:

Look at the suggested answers for D1/12–1.5

Your twin sister Lucy Garner is at college.
Your name is Lucian Garner. You have just been offered a very well paid job.
You would like to help your sister to pay her rent.
You want to give her 250 € a month for a year.

You are going to make a standing order at your bank.
Your sister will receive this amount in her account.
The sum will be paid into her account on the 1st of each month.

You have to fill in the following form.
You are the principal. Your sister is the beneficiary.
Your bank is BPP and your sister's is the same.
Your account number is: FR72 3007 5000 3652 1289 2745 45
Your sister's account number is: FR72 3007 5000 3623 4316 1852 34

Standing order

Full name of beneficiary: *Lucy Garner*

Bank of beneficiary: *BPP*

Account number: *FR72 3007 5000 3623 4316 1852 34*

Full name of principal: *Lucian Garner*

Bank of principal: *BPP*

Principal's account number: *FR72 3007 5000 3652 1289 2745 45*

Sum to be paid, in Euros: *250*

Date of payment of the sum each month: *1st day*

First payment: *1st October 2008*

Last payment: *1st September 2009*

Reason (optional): *Help paying rent.*

Signature of principal:

L. Garner

You are having a medical examination. It is to test the solidity of your bones.
Before the examination, you are asked to fill in a form.
This form concerns your eating habits.
The questionnaire is about your calcium intake.

Ms Mr.

Last name:

First name:

Age:

Profession:

Do you have some milk every day? YES NO

If so, how much: a spoonful a cup a glass

How many yoghurts do you eat each week?

1 2 3 more than 3.

How much fromage frais do you eat a week?

1 pot 2 pots 3 pots more than 3 pots.

How many portions of cheese do you eat a week?

1 portion 2 portions 3 portions more than 3 portions.

Look at the suggested answers for D1/12–1.6

You have probably written your name, age and profession.
But you may also have made up the information.
In this answer, the information is made up.

Did you only tick one box for each question?

Ms Mr.

Last name: **Brown**

First name: **Mary**

Age: **27**

Profession: **Hairdresser**

Do you have some milk every day? YES NO

If so, how much: a spoonful a cup a glass

How many yoghurts do you eat each week?

1 2 3 more than 3.

How much fromage frais do you eat a week?

1 pot 2 pots 3 pots more than 3 pots.

How many portions of cheese do you eat a week?

1 portion 2 portions 3 portions more than 3 portions.

You have been looking for a soul mate for a long time now.
You decide to try Internet.
You join a lonely hearts club.

You have already filled in the form about yourself.
Now you have to fill in the questionnaire about the sort of person you are looking for.

Fill in the form and play the game!

Compulsory information

Looking for: Woman Man

Town or county:

Age bracket:

Level of qualifications:

Smoker Non smoker

Optional information

Height:

Weight:

Colour of hair:

Colour of eyes:

Interests/pastimes (tick the boxes):

- Reading Cinema Arts Animals Sport
 Travel Games Outings Theatre Nature
 Walking Television Cooking DIY
 Music Computers Video games Dancing

Look at the suggested answers for D1/12–1.6

You have probably written your name, age and profession.
But you may also have made up the information.
In this answer, the information is made up.

Compulsory information

Looking for: Woman Man

Town or county: Essex

Age bracket: 25-35

Level of qualifications: Indifferent

Smoker Non smoker

Optional information

Height: 1m 60 – 1m 70

Weight: 50 to 60 kg

Colour of hair: Indifferent

Colour of eyes: Indifferent

Leisure interests (tick the boxes):

Reading Cinema Arts Animals Sport
 Travel Games Outings Theatre Nature
 Walking Television Cooking DIY
 Music Computers Video games Dancing

Last Saturday at the supermarket you lost your car registration papers.
These papers prove the identity of the owner of a vehicle.

You therefore have to declare your loss.

Your car is a Clio, and the make is Renault, registration number: 22 61 JTT 92.
Its power is 5 HP (horse power).

Fill in the form to declare the theft or loss.

Careful!

Tick the right square for “loss” or “theft”.

Do not fill in the part reserved for the administration!

Tick the right square for “Mr”, “Mrs” or “Miss”.

Write the registration number in the large square.

At the bottom: write the date when you fill in the form.

Do not forget to sign.

The exercise continues on the next page

Form N° 12096 01

Declaration of

Loss

Theft

of registration papers
(registration book)

IMPORTANT

This document replaces
car registration papers
for a period of one month
from the date of this
declaration.

Section reserved for Administration

- Proof of identity:

Number:

Date and place of issue:

Issuing authority:

Date: _____

Signature and stamp

- In case of theft, specify: declaration no.:

drawn up on:

by: _____

INFORMANT

Please use block capitals, and write with a ballpoint pen

Mr Mrs Miss

Full name:

(add maiden name if applicable)

Date and place of birth:

Address: _____

Post code: _____

VEHICLE

TYPE _____ MAKE _____ ENGINE SIZE _____

Registration number

Date _____

Signature of informant:

Look at the suggested answers for D1/12–1.8

Form N° 12096 01

Declaration of

Loss

Theft

**of registration papers
(registration book)**

IMPORTANT

This document replaces
car registration papers
for a period of one month
from the date of this
declaration.

Section reserved for Administration

- Proof of identity:

Number:

Date and place of issue:

Issuing authority:

Date: _____

Signature and stamp

- In case of theft, specify: declaration no.:

drawn up on:

by:

INFORMANT

Please use block capitals, and write with a ballpoint pen

Mr Mrs Miss

Full name: *William Mason*

(add maiden name if applicable)

Date and place of birth: *12/08/78, Wellington, Shropshire*

Address: *12, Palatine Road, Manchester*

Code postal : *M22 4DB*

VEHICLE

TYPE *Clio* MAKE *Renault* ENGINE SIZE *5*

Registration number

Date 7 October 2007

Signature of informant:

William Mason

The accident report...

A man bumped into the back of you while reversing into a parking space.
Your car was stationary. You had just got into it.
You had not yet turned on the ignition.

No one was injured. But your left-hand headlamp is broken.
There is no damage to the other car. So you do an accident report.
The other driver's insurance will pay for the damage.

On the next page you will find the form for the accident report.
It is in two languages, French and English.

You will fill in your part of the report (vehicle A).
You can make up all the information required
(name, place, time, make of car, etc.)
You can also use the documents on page 2 as inspiration.

Draw a diagram in the empty space at the bottom.
Your drawing must be very simple.
You will draw the two cars at the moment of the accident.
(You can represent the cars by simple rectangles).

Put the name of the street on your sketch.
You will mark A on your car and B on the other.

Do not forget to sign it.

You can use the documents on page 2 as inspiration.
But you do not have to.

You can show your work to the teacher.

The exercise continues on the next page

Here is an extract from some car papers:

MINISTRY OF TRANSPORT		
<hr/>		
REGISTRATION CARD		
Registration number		
KA 6654		
Date of manufacture		
Other country	Luxembourg	Owner
	23.05.2007	23.05.2007

Owner

Last name : KLEIN
 First names : ARTHUR JEAN JACQUES
 Street and number : 16, RUE DE LA GARE
 Town : L-6673 MERTERT
 Date : 23.05. 2007

Category	CAR		
Form of bodywork	ESTATE		
Make	SKODA		
Type	IZ / OCTAVIA		
Chassis number	TMBGE61Z662155603		
Fuel	DIESEL		
Engine size	103	Capacity (cm ³)	1968
Colour	BLUE		

Here is an extract from a green card (insurance certificate):

INTERNATIONAL AUTOMOBILE INSURANCE CARD							
VALID				Serial and policy number			
FROM		TO		L 33160295 / 107969			
23	05	07	23			05	08
(Inclusive)							
Registration number			Category and make of vehicle				
KA 6654			Car A SKODA OCTAVIA				
Name and address of the insured (or the user of the vehicle)							
Mr KLEIN Arthur John							
16, Station Road		L-6673		MERTERT			
This card delivered by:							
NORTHWICH Insurance							



1 Date de l'accident / Date of the accident
Heure / Time

2 Localisation / Locality
 Lieu : / Exact location
 Pays : / Country

3 Blessé(s) même léger(s) / Injury(ies) even if slight
 oui / yes non / no 1/2
 2/2

4 Dégâts matériel à des véhicules autres que A et B / Property damage to other vehicles
 oui / yes non / no
 objets autres que des véhicules / damage to other property
 oui / yes non / no

5 Témoins : noms, adresses et tél / Witnesses : names, addresses and tel. numbers

VÉHICULE A / VEHICLE A

6 Preneur d'assurance / assuré (voir attestation d'assurance) / Detail of insured (see insurance certificate)
 NOM : / Name
 Prénom : / First name
 Adresse : / Address
 Code postal : / Portal code Pays : / Country
 Tél. ou email : / Tel. or email

7 Véhicule / vehicle
 Marque, type / Make, type
 N° d'immatriculation / Registration number
 Pays d'immatriculation / Country of registration

12. CIRCONSTANCES / Circumstances

Mettre une croix dans chacune des cases utiles pour préciser le croquis / Put a cross in each of the relevant spaces to help explain the plan
 * Rayer la mention inutile / * Strike the unused term

A 1 * en stationnement / à l'arrêt* / Parked / stationary
 2 * quittait un stationnement / ouvrait une portière / * Leaving a parking space / opening a door
 3 prenait un stationnement / entering a parking space (at the roadside)
 4 sortait d'un parking, d'un lieu privé, d'un chemin de terre / emerging from a car park, from private grounds, from track
 5 s'engageait dans un parking, un lieu privé, un chemin de terre / entering a car park, private grounds, a track
 6 s'engageait sur une place à sens giratoire / entering a roundabout or similar traffic system
 7 roulait sur une place à sens giratoire / driving on roundabout etc
 8 heurtait à l'arrière, en roulant dans le même sens et sur une même file / Hit the rear end, driving in same direction in a same file (lane)
 9 roulait dans le même sens et sur une file différente / going in the same direction but a different lane
 10 changeait de file / changing files (lanes)
 11 doublait / overtaking
 12 virait à droite / turning to the right
 13 virait à gauche / turning to the left
 14 reculait / moving backward
 15 empiétait sur une voie réservée à la circulation en sens inverse / encroaching upon the lane reserved for opposite traffic
 16 venait de droite (dans un carrefour) / coming from the right on intersection
 17 n'avait pas observé un signal de priorité ou un feu rouge. / Failing to stop at sign

← indiquer le nombre de cases marquées d'une croix / State TOTAL number of spaces marked with a cross

A signer obligatoirement par les deux conducteurs / Must be signed by BOTH drivers
 Ne constitue pas une reconnaissance de responsabilité mais un relevé des identités et des faits servant à l'accélération du règlement / Does NOT constitute an admission of liability, but a summary of identities and the facts which will speed up the settlement of claims.

Preneur d'assurance / assuré (voir attestation d'assurance) / Detail of insured (see insurance certificate)
 NOM : / Name
 Prénom : / First name
 Adresse : / Address
 Code postal : / Portal code Pays : / Country
 Tél. ou email : / Tel. or email

Véhicule / vehicle
 Marque, type / Make, type
 N° d'immatriculation / Registration number
 Pays d'immatriculation / Country of registration

Société d'assurance (voir attestation d'assurance) / Insurance company
 NOM : / Name
 N° de contrat : / Policy N°
 N° de carte verte : / N° insurance certificate
 Attestation d'assurance ou carte verte valable / Period of insurance validity du from :au to :
 Agence (ou bureau, ou courtier) : / Agency or broker

Conducteur (voir permis de conduire) / Driver (see driving licence)
 NOM : / Name
 Prénom : / First name
 Date de naissance : / Date of birth
 Adresse : / Address
 Pays : / Country
 Tél ou email : / Tel or email
 Les dégâts matériels au véhicule sont-ils assurés par le contrat ? / Is damage to the vehicle insured by the contract ?
 oui / yes non / no

8 Société d'assurance (voir attestation d'assurance) / Insurance company
 NOM : / Name
 N° de contrat : / Policy N°
 N° de carte verte : / N° insurance certificate
 Attestation d'assurance ou carte verte valable / Period of insurance validity du from :au to :
 Agence (ou bureau, ou courtier) : / Agency or broker

Conducteur (voir permis de conduire) / Driver (see driving licence)
 NOM : / Name
 Prénom : / First name
 Date de naissance : / Date of birth
 Adresse : / Address
 Pays : / Country
 Tél ou email : / Tel or email
 Les dégâts matériels au véhicule sont-ils assurés par le contrat ? / Is damage to the vehicle insured by the contract ?
 oui / yes non / no

9 Conducteur (voir permis de conduire) / Driver (see driving licence)
 NOM : / Name
 Prénom : / First name
 Date de naissance : / Date of birth
 Adresse : / Address
 Pays : / Country
 Tél ou email : / Tel or email
 Permis de conduire n° / Driving licence n°
 Catégorie (A, B...) / Groups (A, B...)
 Permis valable jusqu'au / Driving licence valid until

13 Croquis de l'accident au moment du choc / Sketch of accident
 Préciser : 1. le tracé des voies - 2. La direction (par des flèches) des véhicules A, B - 3. leur position au moment du choc - 4. les signaux routiers - 5. le nom des rues (ou routes).
 Indicate : 1. the layout of the road - 2. by arrows the direction of the vehicles A, B - 3. their position at the times of impact - 4. the road signs - 5. names of the streets or roads.

10 Indiquer le point de choc initial au véhicule A par une flèche / Indicate with an arrow the point of initial impact

15 Signature des conducteurs / Signatures of the drivers

A **B**

10 Indiquer le point de choc initial au véhicule B par une flèche / Indicate with an arrow the point of initial impact

11 Dégâts apparents au véhicule B / Visible damage to vehicle B

14 Mes observations / My remarks :

14 Mes observations / My remarks :

émet à la loi informatique et libertés du 06 janvier 1978, un droit d'accès et de rectification des informations vous concernant vous est ouvert auprès des entreprises d'assurance destinataires du présent constat.