

# SPEAKING: ROLE-PLAY BOOKLET

**CANDIDATE NAME:** \_\_\_\_\_

**D.O.B.:**

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

**PROFESSION:** \_\_\_\_\_

**VENUE:** \_\_\_\_\_

**TEST DATE:** \_\_\_\_\_

Starting at the left, print your Candidate Number and fill in the corresponding circle below each number using a 2B pencil.

Example:

|   |   |
|---|---|
| 2 | 5 |
| 0 | 0 |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |

| CANDIDATE NUMBER |   |   |   |   |   |   |   |   |   |
|------------------|---|---|---|---|---|---|---|---|---|
| 0                | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1                | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 2                | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 3                | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 4                | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 5                | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 6                | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 7                | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 8                | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| 9                | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |

## CANDIDATE DECLARATION

By signing this, you agree not to disclose or use in any way (other than to take the test) or assist any other person to disclose or use any OET test or sub-test content. If you cheat or assist in any cheating, use any unfair practice, break any of the rules or regulations, or ignore any advice or information, you may be disqualified and your results may not be issued at the sole discretion of CBLA. CBLA also reserves its right to take further disciplinary action against you and to pursue any other remedies permitted by law. If a candidate is suspected of and investigated for malpractice, their personal details and details of the investigation may be passed to a third party where required.

**CANDIDATE SIGNATURE:** \_\_\_\_\_

## INSTRUCTION TO CANDIDATES

Please confirm with the Interlocutor that your roleplay card number and colour match the Interlocutor card before you begin.

### Interlocutor to complete only

ID No: \_\_\_\_\_ Passport: ☐ National ID: ☐ Alternative ID approved: ☐

#### Speaking sub-test:

ID document sighted? ☐ Photo match? ☐ Signature match? ☐ Did not attend? ☐

Interlocutor name: \_\_\_\_\_

Interlocutor signature: \_\_\_\_\_

## OET SAMPLE TEST

### ROLEPLAYER CARD NO. 3

### DENTISTRY

**SETTING**

Local Dental Clinic

**PATIENT**

You are 30 years old and have come to the dentist because you have a mouth full of ulcers which have been irritating you for about a week. Your gums are also very sore.

**TASK**

- When asked, say you've been experiencing ulcers and sore gums for about a week. You haven't had anything like this before.
- Say you brush your teeth every day, but you never floss and you haven't seen a dentist in several years. Ask what is causing your mouth ulcers.
- Say you really hope that there's some treatment.
- Say if you have to take antibiotics, you're concerned about possible side effects.
- Say you're worried about getting serious side effects because you've heard that they can be quite bad.
- Agree to have an examination.

## OET SAMPLE TEST

### CANDIDATE CARD NO. 3

### DENTISTRY

**SETTING**

Local Dental Clinic

**DENTIST**

Your 30-year-old patient is presenting with a severely ulcerated mouth (ulcerated mucosal surfaces) and sore gingivae.

**TASK**

- Find out details about patient's sore gums and ulcers (onset, previous occurrences, etc.).
- Find out about patient's dental hygiene practices (brushing, flossing, visits to dentists, etc.).
- Give possible causes of mouth ulcers (e.g., bacteria/virus, nutritional deficiency, vigorous brushing, etc.).
- Outline treatment (scale/clean, mouthwash, course of antibiotics, topical pain killers if required, etc.).
- Explain possible side effects of antibiotics (e.g., nausea, stomach problems, rash, etc.).
- Reassure patient about possible side effects (e.g., serious side effects not common, etc.). Establish patient's consent for examination.