

# SPEAKING: ROLE-PLAY BOOKLET

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

D.O.B.:

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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:

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|---|---|
| 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: \_\_\_\_\_

## ROLEPLAYER CARD NO. 5

## MEDICINE

## SETTING

Medical Clinic

## PATIENT

You are 86 years old and attend regular chair exercise classes as you have difficulty walking and use a walking frame. You are concerned about your lower back, as you felt some discomfort when you woke up this morning.

## TASK

- When asked, say when you got out of bed this morning, you noticed some slight discomfort in your back; you're concerned you might have damaged it.
- When asked, say the problem is in your lower back. You aren't really in any pain; it's more discomfort. When asked, say you haven't had any injuries. You went to your regular chair exercise class yesterday, but nothing happened during the class. You only noticed it when you got out of bed this morning.
- Say you're not in any real pain so you don't think it's necessary to miss a week of classes.
- Say now you're wondering if exercise classes are right for you; perhaps you should just give them up.
- Say you'll follow that advice; you're okay to start the examination.

## CANDIDATE CARD NO. 5

## MEDICINE

## SETTING

Medical Clinic

## DOCTOR

You see an 86-year-old patient who has limited mobility. He/she uses a walking frame, and attends regular chair exercise classes. He/she has come to see you about discomfort in his/her lower back. You suspect mild back strain.

## TASK

- Find out reason for patient's visit.
- Find out more details about problem (exact location, any pain, etc.). Explore any possible causes (injury, exercise, etc.).
- Give possible diagnosis of mild back strain (over-stretching of muscles/ligaments; not cause for concern, etc.). Advise on next steps (e.g., physical examination to confirm diagnosis, etc.). Recommend one week off exercise classes (e.g., not exercising when in pain, not ignoring pain, etc.).
- Stress importance of rest from exercise (e.g., prevention of further injury/strain, time to recover, etc.). Make further recommendations (e.g., heat pack, paracetamol/acetaminophen, etc.).
- Emphasise benefits of exercise classes (e.g., improved posture, maintaining muscle strength, boosting energy/mood, social interaction, etc.). Advise against overdoing exercise (e.g., awareness of own limits, etc.). Establish patient's consent for physical examination.