

## Paper Code: EPA-RetM Mock Written Exam 1

# **Retail Manager Mock**

## Written Exam

# Leve Leve

## **EXAMINATION ANSWER BOOKLET**

| irst Name (in full)                     |   |   |   |   |   |   |   |   |     |  |  | Middle<br>Initial |
|---|---|---|---|---|---|---|---|---|-----|--|--|-------------------|
| st Name                                 |   |   |   |   |   |   |   |   |     |  |  |                   |
| pproved Centre Number (5 digits)        |   |   |   |   |   |   |   | l | JLN |  |  |                   |
| ate of Birth (8 digits)                 |   |   |   |   |   |   |   |   |     |  |  | Resit             |
|   | D | D | М | М | Υ | Υ | Υ | Υ |     |  |  |                   |
| xamination <mark>Date</mark> (8 digits) |   |   |   |   | 2 | 0 |   |   |     |  |  |                   |
|   | D | D | М | М | Υ | Υ | Υ | Υ |     |  |  |                   |

#### Information for candidates

- Complete your candidate details above.
- This examination consists of 8 questions. The first six questions are shorter answer questions totalling 40 marks.
   The last two questions are longer answer questions totalling 40 marks. There are 80 marks available all together.
- The pass mark is 48 out of 80. The mark for a distinction is 68 out of 80.
- The duration of this examination is 2 hours. You will be given 5 minutes to read the question paper **BEFORE** attempting to write any answers.
- Answers should be written in blue or black ink.
- Clearly indicate the number and section of the question you are answering in the left-hand margin.
- Strike out any text which you do not wish to be considered for marking.
- Extra paper may be requested from the invigilator during the exam. However, you must remain seated throughout.
- Highfield recommends raising your arm to attract the attention of the invigilator.
- Ensure you clearly write your name on the top of the extra sheet(s) of paper
- All candidates MUST sign the declaration below and leave the Examination Answer Booklet on the desk after the
  examination.

I confirm that I received no help in answering the questions on this form during this examination, I confirm I am the person stated above on this form.

CANDIDATE SIGNATURE BOX

| FOR OFFICE USE ONLY |   |   |   |   |   |   |   |   |            |  |  |
|---------------------|---|---|---|---|---|---|---|---|------------|--|--|
| Question Number     | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Total Mark |  |  |
| Examiner's Mark     |   |   |   |   |   |   |   |   |            |  |  |
| Moderator's Mark    |   |   |   |   |   |   |   |   |            |  |  |

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Level 1

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