

STUDENT NUMBER Letter

FOOD STUDIES

Written examination

Monday 13 November 2023

Reading time: 9.00 am to 9.15 am (15 minutes)

Writing time: 9.15 am to 10.45 am (1 hour 30 minutes)

QUESTION AND ANSWER BOOK

Structure of book

Section	Number of questions	Number of questions to be answered	Number of marks
A	20	20	20
B	6	6	70
			Total 90

- Students are permitted to bring into the examination room: pens, pencils, highlighters, erasers, sharpeners and rulers.
- Students are NOT permitted to bring into the examination room: blank sheets of paper and/or correction fluid/tape.
- No calculator is allowed in this examination.

Materials supplied

- Question and answer book of 20 pages
- Answer sheet for multiple-choice questions

Instructions

- Write your **student number** in the space provided above on this page.
- Check that your **name** and **student number** as printed on your answer sheet for multiple-choice questions are correct, **and** sign your name in the space provided to verify this.
- All written responses must be in English.

At the end of the examination

- Place the answer sheet for multiple-choice questions inside the front cover of this book.

Students are NOT permitted to bring mobile phones and/or any other unauthorised electronic devices into the examination room.

SECTION A – Multiple-choice questions**Instructions for Section A**

Answer **all** questions in pencil on the answer sheet provided for multiple-choice questions.

Choose the response that is **correct** or that **best answers** the question.

A correct answer scores 1; an incorrect answer scores 0.

Marks will **not** be deducted for incorrect answers.

No marks will be given if more than one answer is completed for any question.

SECTION B**Instructions for Section B**

Answer **all** questions in the spaces provided.

SAMPLE
Number of questions and mark allocations
may vary from the information indicated.



VCE FOOD STUDIES

Written Examination

ANSWER SHEET – 2023

STUDENT NAME:

JOHN STUDENT

STUDENT NUMBER

9	9	1	2	3	4	5	6	A
0	0	0	0	0	0	0	0	
1	1		1	1	1	1	1	E
2	2	2		2	2	2	2	F
3	3	3	3		3	3	3	G
4	4	4	4	4		4	4	J
5	5	5	5	5	5		5	L
6	6	6	6	6	6	6		R
7	7	7	7	7	7	7	7	T
8	8	8	8	8	8	8	8	W
								X

INSTRUCTIONS:



SIGN HERE IF YOUR NAME AND NUMBER ARE PRINTED CORRECTLY.

SIGNATURE: J. Student

If your name or number on this sheet is incorrect, notify the Supervisor.
 Use a **PENCIL** for **ALL** entries. For each question, shade the box which indicates your answer.
 All answers must be completed like **THIS** example:

A		C	D
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 Marks will **NOT** be deducted for incorrect answers.
NO MARK will be given if more than **ONE** answer is completed for any question.
 If you make a mistake, **ERASE** the incorrect answer – **DO NOT** cross it out.

SUPERVISOR USE ONLY



Shade the **"ABSENT"** box if the student was absent from the examination.

ABSENT

SUPERVISOR'S INITIALS

ONE ANSWER PER LINE

1	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
2	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
3	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
6	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
7	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D

ONE ANSWER PER LINE

8	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
9	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
10	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
11	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
12	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
13	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
14	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D

ONE ANSWER PER LINE

15	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
16	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
17	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
18	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
19	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
20	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D