



# Victorian Certificate of Education 2009

SUPERVISOR TO ATTACH PROCESSING LABEL HERE

## STUDENT NUMBER

Letter

Figures

Words


# INFORMATION TECHNOLOGY: IT APPLICATIONS

## Written examination

Tuesday 10 November 2009

Reading time: 3.00 pm to 3.15 pm (15 minutes)

Writing time: 3.15 pm to 5.15 pm (2 hours)

## 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	12	12	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 white out liquid/tape.
- No calculator is allowed in this examination.

### Materials supplied

- Question and answer book of 19 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 – Short answer questions****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 IT APPLICATIONS

## Written Examination

### ANSWER SHEET – 2009

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
		9	9	9	9	9	9	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
---	--	---	---

  
 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

ONE ANSWER PER LINE

1	<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
2	<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
3	<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
4	<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
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	15	<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	16	<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	17	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
8	<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
9	<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
10	<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

Please **DO NOT** fold, bend or staple this form.