



# PRACTICE SESSION COVER SHEET

All written components must be submitted via the assessment drop box in your online class space

## 1 – STUDENT DETAILS

ACAP student ID number

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Family Name \_\_\_\_\_ Given Name(s) \_\_\_\_\_

Course (eg B. App. Soc. Sci): \_\_\_\_\_ Phone: \_\_\_\_\_

Postal Address: \_\_\_\_\_

## 2 – ASSESSMENT DETAILS

Unit/Module: \_\_\_\_\_ Ass No. \_\_\_\_ Term: \_\_\_\_ Year: \_\_\_\_

Educator: \_\_\_\_\_

Due Date: 

D	D	/	M	M	/	Y	Y	Y	Y
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**NOTE:** It is a requirement for all students to retain copies of all parts of assessment, including the practice session.

### DECLARATION

*I declare that this assessment is my own work, based on my own personal research/study . I also declare that this assessment has not been previously submitted for any other unit/module or course, and that I have not copied in part or whole or otherwise plagiarised the work of another student and/or persons. I have read the ACAP Student Plagiarism and Academic Misconduct Policy and understand its implications.*

I also certify that I have read and signed the Client/Interviewee consent form. A copy of the completed consent form(s) is attached to this assessment or I have uploaded a scanned copy with my written component.

Student Signature  

X
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Date  

D	D	/	M	M	/	Y	Y	Y	Y
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