



## PRACTICE SESSION COVER SHEET

This form is not required for Practice Sessions that are uploaded to the online class space.  
All written components must be submitted via the assessment drop box in your online class space.

### 1 – STUDENT DETAILS

ACAP student ID number

--	--	--	--	--	--

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
---	---	---	---	---	---	---	---	---	---

**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 declare that a Client/Interviewee Consent Form has been read and signed by both parties, and where applicable parental consent has been obtained.*

Student Signature

X

Date

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

#### Sydney Campus

Locked Bag 11  
Strawberry Hills, NSW 2012  
Tel: 02 9964 6300

#### Brisbane Campus

PO Box 10469 Adelaide St  
Brisbane QLD 4000  
Tel: 07 3234 4400

#### Melbourne Campus

PO Box 12322 A'Beckett Street PO  
Melbourne VIC 8006  
Tel: 03 8613 0600

CRICOS Provider codes: 01328A (NSW), 02565B (QLD), 02829E (VIC)  
ABN 94 057 495 299