



# 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

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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 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
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Date

D	D	/	M	M	/	Y	Y	Y	Y
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### Brisbane Campus

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Brisbane QLD 4000  
Tel: 07 3234 4400

### Melbourne Campus

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Tel: 03 8613 0600

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