

Media Production and Analysis collaborative form

School name: _____

School code

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Individual submissions are not to be included on this form

Candidate name	WA student number	AV	RP										
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Instructions

1. Do not fold or fax this form as it will be scanned.
2. For each collaborative submission print the candidate name and WA student number of each candidate performing a primary role in the collaborative submission.
3. Squares should be shaded like this:
4. For each collaborative submission shade one box to indicate the chosen media type.
5. This form must be returned by email to Mark.Leigh@scsa.wa.edu.au by Friday, 21 August 2020.

Legend:

AV: Audiovisual
RP: Radio Production

Name of MPA teacher (please print): _____

Signed: _____