



School name: _____

School code

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Individual submissions are not to be included on this form

2016 Collaborative submission details

Candidate name	SCSA student number	AV	PP	PH	RP	OP										
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Instructions

- Do not fold or fax this form as it is to be scanned.
- For each collaborative submission print the name and SCSA student number of each candidate performing a primary role in the collaborative submission.
- Squares should be shaded like this:
- For each collaborative submission shade one box to indicate the chosen context.
- This form must be returned by post to the School Curriculum and Standards Authority by 26 August 2016.

Legend:
 AV: Audiovisual
 PP: Print Production
 PH: Photography
 RP: Radio Production
 OP: Online Production

Name of MPA teacher (please print): _____

Signed: _____