

Diploma of Art and Creativity (Honours): Small Starts

Please complete and return a copy to your mentor or programme facilitator, along with any documentation.

Small Start #:

Name:

Name and role of person giving feedback:

(This may be your Mentor or another experienced person involved in the Small Start).

Small Start Description:

(Please attach any documentation of the Small Start).

Date(s) of Small Start:

Detail of Hours involved *(Please note down all relevant dates and times):*

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Comments from person giving feedback:

Signed by Mentor or Programme Support:

Date:

(Please Circle One): Complete / Incomplete