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| **Module**  | **Class Hours** **Face to Face** | **Online****Tutorials** | **Self -Study / Workbook** | **Supervised****Student****Clinic Hours** | **Mentored Clinic** **Hours** | **Assessment Hours****P – Practical****W- Workbook****O - Oral** | **Total****Hours** |
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| **RTO Representative (name and signature)** |  | **Date** |  |