REFERENCE FORM

Please hand to your school or college for completion.

Education & Skills Funding Agency

EAST SUSSEX COLLEGE

Which campus(es) is applicant applying to? (Tick all relevant boxes)

- ☐ Automotive Centre (Hastings)
- ☐ Eastbourne
- ☐ Lewes
- ☐ Ore Valley (Hastings)
- ☐ Station Plaza (Hastings)
- ☐ Newhaven

For college use only:
Person Code

Name of applicant **Date of Birth** D D M M Y Y Y Y

Address of applicant

Postcode

School/college

Dates of attendance D D M M Y Y Y Y **to** D D M M Y Y Y Y

Programmes/ subjects applied for:

The above named applicant has applied for a programme at the college and requires a reference.

We would be grateful if you could complete this form and return it to the college as soon as possible.

Please note: This reference may be shared with the applicant and/or parents unless you state that you prefer that the information is not shared. Please add any comments which you feel may assist us or contact us if you wish to discuss the application further. Thank you for your assistance in this matter.

Examinations to be taken this academic year (Please give us the applicant's predicted/mock GCSE or diploma results)

Subject	Type of qualification and level (Higher, intermediate, foundation) if appropriate	Predicted grade	Mock result	Actual result (if known)

Any other qualification/achievements?

Please complete the following information which is required to support the successful transition of the young person into college.

Please include information about any strategies that have been used to support the young person's participation in school. These might include behaviour management, reduced timetables and social interaction issues.

	Excellent	Good	Satisfactory	Variable	Poor	Additional comments if appropriate
Behaviour	☐	☐	☐	☐	☐	
Application to learning	☐	☐	☐	☐	☐	
Relationship with staff	☐	☐	☐	☐	☐	
Relationship with peers	☐	☐	☐	☐	☐	
Communication skills	☐	☐	☐	☐	☐	
Ability to work in a team	☐	☐	☐	☐	☐	
Ability to use initiative	☐	☐	☐	☐	☐	
Motivation	☐	☐	☐	☐	☐	
Reliability	☐	☐	☐	☐	☐	

	Percentage %	Comments if appropriate
Attendance	☐☐☐ %	
Punctuality	☐☐☐ %	

Learning Support/Disabilities	Yes	No
Any known learning difficulty, disability, or medical condition. If yes, please state	☐	☐
Applicant has one or more of the following: • Education, Health, and Care Plan* • School Based Plan/SEN Support Plan* * In order to aid transition, with permission from the applicant, please supply us with a copy of any relevant documentation	☐ ☐	☐ ☐
Does the applicant have any special arrangements for exams? If yes, please give details:	☐	☐

Any additional information/comments:

Other Support	Yes	No
Has applicant had any targeted study support in years 10 & 11 in English and/or maths and/or science? Or any other welfare support e.g. high levels of anxiety, emotional support etc? If yes, please give details:	☐	☐

Any general comments:
Including suitability for the subjects applied for and any information that you feel would be helpful, such as health issues or personal circumstances.

Signed: ..... Date: D D M M Y Y Y Y

Please print name:

Position in organisation:

Phone number for further discussion if needed:

To finish you application, please return this form to Admissions at:

To study an Eastbourne course:
East Sussex College Group, Cross Levels Way, Eastbourne, BN21 2UF

To study a Hastings course:
East Sussex College Group, Station Plaza, Station Approach, Hastings, TN34 1BA

To study a Lewes course:
East Sussex College Group, Mountfield Road, Lewes, BN7 2XH