REFERENCE FORM 2025 – 2026





Please hand to your school or college for completion.

Which campus (es) is applicant applying to? (Tick all relevant boxes) Automotive Centre (Hastings) Eastbourne Lewes													For college use only: Person Code																						
Ore Valley (Hastings)										Station Plaza (Hastings) Newhaven																									
Name of applicant																						Do	ıte	of	Bir	th	D		1 (М	М	Υ	Y		
Address of applicant																				Po				ostcode											
School/college																					T														
Dates of attendance	D	D	М	М	Υ	Υ	Υ	Υ	t	0	D	D	М	М	Y	Y	Y	Υ	,										·			· ·			
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												71										red		Mock result						Actual result (if known)					
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Any other qualificatio	Any other qualification/achievements?																																		
Any other qualification	on/dc	me	ven	nen	its																														

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.

	Exce	ellent	Good	d Sc	atisfactory	Var	riable	Ρ	oor	А	.ddi	tior	nal d	com	nme	nts	if ap	pro	prio	ate								
Behaviour	ehaviour																											
Application to learning	Ī																											
Relationship with staff	Ī																											
Relationship with peers	n skills																											
Communication skills																												
Ability to work in a team																												
Ability to use initiative										*******																		
Motivation																												
Reliability																												
Percentag	je %	Com	nment	s if ap	opropriate																							
Attendance	%																											
Punctuality	%	***************************************																										
Learning Support/Disabilities	5																								Y	es	Ν	0
Any known disabilities/me	edica	l need	ls/lec	ırning	g difficulti	es																						
Applicant has one or more	e of t	he fol	lowin	g:																								
• Learning Difficul	ty Ass	sessm	ent*																									
 School based plan 	an/co	llege l	based	d plar	า*																							
* In order to aid transition, with	permi	ission f	rom th	ie app	licant, pleas	e sup	ply us v	with	а со	py o	f any	y rele	evan	t do	cum	enta	tion											
Does the applicant have o	any sp	pecial	arrar	ngem	nents for e	xam	s?																					
If yes, please give details:																												
Any additional informatio	n /00		.+																									
Any additional informatio	n/coi	mmer	its:																									
Other Support																									Υe	es	No	5
Has applicant had any targeted study support in years 10 & 11 in English and/or maths and/or science?														Г		Г	7											
Or any other welfare supp	ort e	e.g. hiç	gh lev	els o	f anxiety,	emo	tiona	l su _l	ppoi	rt e	tc?																	
If yes, please give details:																												
Any general comments: Including suitability for the subjection	cts apr	plied for	r and a	inv info	ormation the	ıt vou	feel wo	ould I	be he	elpfu	l. suc	ch as	s hed	ılth i	ssues	orp	ersor	nal ci	rcum	nstai	nces							
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Signed:																		D	ate	. [D	D	М	М	Υ	Υ	Υ	Υ
Please print name:																									$\overline{}$			\exists
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Position in organisation:						_	<u> </u>		_	_					Щ			_	_	_			\sqsubseteq			_	_	_
Phone number for further	discu	ussion	if nee	eded:	:																							

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

Levels Way, Eastbourne, BN21 2UF