REFERENCE FORM 2024 – 2025





Please hand to your school or college for completion.

Which campus(es) is the applicant applying to? (Tick all relevant boxes)													For college use only: Person Code																				
Automotive Centre (Hastings)										stbo	pourne Lewes																						
Ore Valley (Hastings)										atior	on Plaza (Hastings) Newhaven																						
Name of applicant																				D	Date of		Birth		h DDMM					YYYY			
Address of applicant	nt																																
School/college																					F	Pos	tco	de				<u> </u>] —				
Dates of attendance		<u> </u>	М	M	I v			V	+-		D	M	I M		V		V]															
Programmes/ subjects applied for:			M	IM	T	T	ľ		to						T T		I																
Please note: This reference may be shared with the applicant an add any comments which you feel may assist us or contact us if Examinations to be taken this academic year (Please g										if yo	you wish to discuss the application							atio ctea	ted/mock GCSE				k you for you or diplomo			our assistance i							
Any other qualification	n/a	chie	ever	mer	nts?																												

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	Pooi	r A	Additio	nal c	omm	ents	if a	ppro	priat	е						
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																				
Learning Support/Disabilities	S																	Yes	1	No
Any known disabilities/medical needs/learning difficulties																				
Applicant has one or more of the following:																				
• Learning Difficulty Assessment*														L						
• School based plan/college based plan*																				
* In order to aid transition, with					with a c	ору о	of any re	elevant	docui	mento	ation									
Does the applicant have any special arrangements for exams? If yes, please give details:																				
Any additional information	n/comm	ents:																		
Other Support																		Yes	٨	lo
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 subje	cts applied [.]	for and an	y information tha	rt you feel w	ould be h	nelpfu	ıl, such (as heal	th issu	es or	perso	nal ci	rcums	tance	s.					
Signed:												D	ate:	D	D	М	М	YY	Υ	Υ
Please print name:																				
Position in organisation:																				
Phone number for further	discussio	n if need	ded:																	

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

Approach, Newhaven, BN9 0ER