REFERENCE FORM 2023 – 2024





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	tbourne																						
Ore Valley (Hastings)										Station Plaza (Hastings) Newhaven																						
Name of applicant																				D	Date of		f Birth		D D M M					YYY		
Address of applicant																																
Sahaal/aallana													<u> </u>								F	Pos [.]	tco	de			L	<u></u>	_	L		
School/college			<u> </u>	1														1														
Dates of attendance Programmes/	D	D	М	М	Y	Υ	Υ	Y	to		D	M	I M	Y	Y	Y	Y			<u> </u>										1		
subjects applied for:										<u> </u>			<u> </u>			<u> </u>												Γ				
											turn /or pou wi e us	it to area ish the	nts u	e co nless cuss olica	lleg the	ye as u sta e app s pro	s sc ate plica edia	thatation	as p t you n fur d/m	ooss u pre thei	fer Th	tha ank	t the you	e inf ı for ipla	orma you	atio r as:	sisto ults : k	ance	e in		al t	
Any other qualificatio	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	Poor	A	dditio	nal co	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																				
Attendance Punctuality	ge % Co	omments	if appropriate																	
Learning Support/Disabilities	5																	Yes		No
Any known disabilities/me	edical nee	eds/lear	ning difficultie	es															[
Applicant has one or mor	e of the f	ollowing	:																	
• Learning Difficul	ty Assessr	ment*																		
 School based plan 	an/college	e based	plan*																	
* In order to aid transition, with					with a c	opy of	f any re	levant	docur	mento	ation									
Does the applicant have of lf yes, please give details:	any speci	al arranç	gements for e	xams?																
Any additional information	n/comm	ents:																		
Other Support																		Yes	١	Vo
Has applicant had any ta Or any other welfare supp								aths c	and/c	or sc	ienc	e?								
If yes, please give details:																				
Any general comments: Including suitability for the subje	cts applied t	for and an	y information tha	rt you feel w	ould be h	elpful	, such a	as healt	th issue	es or	perso	nal ci	rcumst	tance	S.					
Signed:												D	ate:	D	D	М	М	Y	Υ	Y
Please print name:																				
Position in organisation:																				
Phone number for further	discussio	n if need	ded:																	

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

Station Approach, Hastings, TN34 1BA