

# Reference Form 2010

Please complete in **BLOCK CAPITALS** with **BLACK PEN**

OFFICE USE

Student ID No:

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**Applicant:** If you are under 19 years old and applying for any full-time course, or over 19 years and applying for a Health or Childcare course, please hand this form to your head of year/teacher/employer or other appropriate person who can give you an academic or professional reference in support of your application for college.

## 1. About yourself – to be filled in by the applicant

Family name: .....		First names: .....	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>
		Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
Other: .....			
Your home address: .....			
		Postcode: .....	
Home phone number: .....		Mobile: .....	
E-mail: .....		Age: .....	Date of birth: .....
Course applied for: .....			

## 2. Your reference – to be filled in by the referee

**Referee:** To help us to evaluate this applicant, please complete the details below with as much information as possible, adding any comments as appropriate. Please use the back of this form if you run out of space. Thank you for taking the time to complete this reference.

Unique Learner Number (ULN) (if known): 

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Please tick as appropriate	Poor	Below Average	Average	Above Average	Excellent	Comments
Attendance						
Punctuality						
Behaviour						
Progress						
Commitment						
Written Skills						
Oral Skills						
Numeracy Skills						

Please insert grade

GCSE predicted grades (or vocational GCSE or GNVQ intermediate)			
Subject	Grade	Subject	Grade
English Language		History/Geography	
English Literature		Business Studies	
Mathematics		Other (please specify)	
Science (double award)			
French/German/Spanish			

