





Please tick the appropriate boxes below and comment if necessary. Thank you.

	% if known	V Good	Good	Fair	Poor	Comments
Attendance						
Punctuality						
Conduct						
Application						

	Yes/No?	If yes please provide details:
Does the applicant have an EHC Plan or are they applying for one?		
Are there any aspects of the applicant's health, which you feel, should be brought to our attention?		
Is the applicant a Looked After Child?		
Do you need to discuss any matters in confidence with the College?		

Please provide any additional information which you feel may be helpful in considering this application.

Name of Referee: \_\_\_\_\_ Job Title: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email address: \_\_\_\_\_

*Please forward the reference to the address below:*

**Sixth Form Admissions**

**St Ambrose College**

Hale Barns

Altrincham, WA15 0HE

Tel: 0161 980 2711

E-mail: [admissions@st-ambrosecollege.org.uk](mailto:admissions@st-ambrosecollege.org.uk)