SIR THOMAS BOTELER
CHURCH OF ENGLAND HIGH SCHOOL
THROUGH GOD, WE CARE

WORK EXPERIENCE PLACEMENT FORM

To be completed by Student

Student Name		**Form**	
Phone Number			
Home Address			
Date of Placement	**Monday 30th March - Thursday 2nd April 2026**		
Name of Company			
Contact Name			
Address of Company			
Type of Business			
Role held by Contact person			
Contact email			
Contact phone number			

STUDENT WORK EXPERIENCE AGREEMENT

	Yes	**No**
I agree to take part in the placement described throughout this form.		
I will adhere to the standards expected of me while at the place of work.		
I will follow the workplace's health & safety procedures and any training that I am required to take		
I will report any concerns I have regarding the placement and/or Health and Safety/Safeguarding to a senior member of staff and school		
I will carry out the tasks required of me during the placement to the best of my abilities.		
I will complete my Work Experience booklet		
Student Signature	**Date**	