SIR THOMAS BOTELER
1526-2026
CHURCH OF ENGLAND HIGH SCHOOL
THROUGH GOD, WE CARE

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/THOMASBOTELER

WORK EXPERIENCE PLACEMENT FORM

To be completed by Parent / Carer

Student Name		**Form**	
Name of Parent/ Carer			
Home Address and phone number			
Date of Placement	**Monday 30th March - Thursday 2nd April 2026**		
Name of Company			
Address of Company			
Contact name at company			

STUDENT WORK EXPERIENCE AGREEMENT

	Yes	**No**
I give my consent for my child named above to take part in the school's work experience programme.		
I will take full responsibility for my child's welfare on the day/s.		
I understand that no payment in respect of work done may be made.		
I know of no medical reason why my child should not take part in work experience.		
I give consent for my contact details to be given to the employer in case of emergencies.		
If there are any medical considerations/special needs that may affect the type of placement which would be suitable, please indicate below:		
I agree, if needed to share any SEND/medical issues with the employer.		
Parent/Carer Signature	**Date**	