



# SIR THOMAS BOTELER

CHURCH OF ENGLAND HIGH SCHOOL

THROUGH GOD, WE CARE

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FORM 1

## STUDENT WORK EXPERIENCE PLACEMENT FORM – PLEASE RETURN TO SCHOOL BY FRIDAY 28<sup>TH</sup> FEBRUARY 2025.

TO BE COMPLETED BY THE STUDENT

STUDENT NAME		DATE OF BIRTH	
PHONE NO			
SCHOOL			
ADDRESS			
DATE OF PLACEMENT	MONDAY 31 <sup>ST</sup> MARCH-FRIDAY 4 <sup>TH</sup> APRIL 2025		
NAME OF PLACEMENT/ BUSINESS NAME			
CONTACT NAME AND POSITION			
CONTACT EMAIL			
CONTACT PHONE NUMBER			

## STUDENT WORK EXPERIENCE AGREEMENT

PLEASE TICK AS APPROPRIATE	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: \_\_\_\_\_