



SIR THOMAS BOTELER

CHURCH OF ENGLAND HIGH SCHOOL

THROUGH GOD, WE CARE

GRAMMAR SCHOOL ROAD
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/THOMASBOTELER

FORM 3

Placement agreement form - To be completed by the employer

School name	Sir Thomas Boteler Church of England High School
School contact	Mrs A Mawby/Mrs C Slough
School contact number	01925 636414
Email	workexperience@boteler.org.uk
Dates of work experience	Monday 31 st March – Friday 4 th April 2025
Working hours From - to	
Lunch requirements	
Clothing requirements	
Name of person responsible for young person and contact details	

Job description

Student roles/responsibilities/tasks

Employers Insurance Checklist			
Please indicate that you hold the relevant up-to-date insurance cover by completing the section below. We must stress that only those employers with Public and Employers' Liability Insurance will be used for this work experience programme.			
Employers Liability Insurance			
Company			
Policy Number		Expiry Date	
Public Liability Insurance			
Company			
Policy Number		Expiry Date	

I can confirm that the student will be given an induction process on the first morning. Y/N

I can confirm that we have a safeguarding policy in place. Y/N

TCAT PART OF THE CHALLENGE ACADEMY TRUST TCAT, C/O BRIDGEWATER HIGH SCHOOL, BROOMFIELDS ROAD, WARRINGTON, WA4 3AE • COMPANY#: 10689247 • VAT#: 296154966

I attach the risk assessment for the tasks they will be completing.

Copy of risk assessments to be emailed to Mrs C Slough at workexperience@boteler.org.uk

Employer signature: _____ Date: _____