



# St. Clement's C. of E. Academy

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Acting Head Teacher: Miss Shryane

Serving the community in the name of Christ since 1859

## Volunteer/Student Placement Request

Name: .....

Address: .....

.....

.....

Post Code: .....

Contact No:

Mobile: .....

Home: .....

Educational Establishment:

.....

.....

Course:

.....

.....

What is the nature of our placement i.e.  
start/end date/ weekly visits/block weeks?

.....

.....

.....

Which year groups do you need to work in/  
have a preference for?

.....

.....

Tutor/Placement Leader:

.....

Contact details:

.....

.....

### Office Use Only

Placement agreed by: ..... Date .....

Details: Year group: ..... Type of placement: .....

Dates: From: ..... To: ..... Date of first visit: .....

Any other relevant information: .....

.....

☐ Copy for file

☐ Copy for class teacher and phase leader



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