**Student Initial Form**

**Please ensure you have all the information below before you start to complete your work experience details on the Unifrog platform.**

**All work experience placements will be ‘In Person’. Please choose ‘In Person’ from the dropdown list.**

Placement Coordinator – please select **Mrs Martin** from the dropdown list.

Name of the Placement Business/Organisation

Placement Start Date

**18th May 2026**

Placement End Date

**22nd May 2026**

Describe the Time Commitment

What are the Objectives for this Placement? (E.g. What you’d like to observe and learn at the workplace. Any questions you have about the employer’s work)

Employer Placement Lead: Name and Email address

Business/Organisation Phone number

Placement address

Is this workplace where you’ll be based throughout the placement? **YES/NO\***

Will you live at home as normal during the placement? **YES/NO\***

How will you travel to and from the placement?

Your date of birth

Do you have any special needs, illnesses or injuries that may affect your placement? (the answer to this question is kept confidential from the parent/guardian).

Parent/guardian (who must also be your emergency contact) name and email address

Are you happy to share your details and feedback on the employer’s portal on Unifrog? **YES/NO\***

Do you agree to abide by confidentiality, safety, and absence rules?

**YES/NO\***

**Fill in the online form carefully. When you’re done tick ‘finished’ at the bottom of the form.**

* Delete as appropriate