

**UNIFROG YEAR 10 WORK EXPERIENCE
STUDENT INITIAL FORM**

Name & TG	
In Person of Virtual	In Person
Placement Coordinator	Ms Beale
Name of Placement business/organisation	
Placement Start Date	01 July 2024
Placement End Date	05 July 2024
Employer Placement Lead Name	
Employer Placement lead email	
Employer Placement Lead Phone No.	
Placement Address	
Is the workplace you will be based throughout the placement?	
Will you live at home during the placement?	
How will you travel to and from the placement?	
Date of Birth	
Do you have any special needs, illnesses, allergies or injury that may affect your placement?	
Parent/Guardian (who must also be your emergency contact)	
Parent/Guardian email	
Do you agree to: - Unifrog sending your details to the employer email address you've provided; - Abiding by any confidentiality policies held by the employer; - Observing all safety, security and other policies laid down by the employer; - Informing the employer and school as soon as possible of any absences?	YES