

DCS-CEAS-FORM-01

CEA Individual Serial Number Request eForm

CEA Unique Serial Number Application Form

Regulations and requirements for submitting an application for a CEA Eligibility Certificate are specified in JSP 752 Chap 14, Para 14.0115.

Before submitting an application for CEA, service personnel (SP) are ensure that they have familiarised themselves with the regulations specified above. Should you be in any doubt as to your eligibility, you are to liaise with your respective unit administrative department.

Service Persons details:

Rank:		Surname:				
Initials:		Service Number:				
Service:	Army	RAF F	RN RM			
Telephone No:						
Email address for CEA proforma to be returned to:						
please note that the reply will contain personal information so a secure email (i.e. mod.uk/mod.gov.uk) is preferred						

Child 1 details (for initial claims only):

First name:					
Surname (if different from SP):					
Date of birth:	Gender:		Male	Male Female	
Proposed Boarding School:					
Month of Entry:	Year of Entry:		Year group on Entry:		

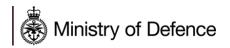
Child 2 details (for initial claims only):

First name:				
Surname (if different from SP):				
Date of birth:	Gender:		Male	Female
Proposed Boarding School:				
Month of Entry:	Year of Entr	y:	Year group on Entry:	

Child details for children for whom CEA is being claimed:

First name	Surname	Date of birth	School attended

OFFICIAL – SENSITIVE PERSONAL (when complete)



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Once you have entered yours and your child's details, please ensure that you have read the CEAS privacy notice and Consent information.

CONSENT

I understand that the information provided on this form will be confidentially held by Children's Education Advisory Service (CEAS) and that information may be entered onto the CEAS database for the purposes of case management.

I agree that CEAS may contact appropriate authorities in order to inform their support and this can include but is not limited to, school admission authorities, schools, housing, health and unit staff.

I agree to CEAS sharing relevant information for the purpose of this support.

I understand that I may withdraw consent at any time by written request.

I understand that my information will be collected, stored and processed in accordance with current legislation.

Please insert an 'X' in this box to confirm that you have read and agree with the above consent statement.

Once complete, the form is to be emailed to: RC-DCS-HQ-CEAS-@mod.gov.uk

SIGNATURE

You, the applicant, may opt to electronically sign or provide a handwritten signature informing Consent.

Option 1 - Electronic Signature:

I agree that by typing my name and inserting an 'X' in the box marked sign, I am electronically signing my application.							
Signature			Sign		Date:		
Option 2 – I	Handwritten Sig	gnature:					
Service Pare	ent's Signature:			Date:			