**APPLICATION FORM – SPECIAL EDUCATIONAL NEEDS ALLOWANCE (SENA)**

**CONTINUITY OF EDUCATION ALLOWANCE CEA(SENA)**

In line with JSP 752 Chapter 14, Section 2 a ‘Special Educational Needs Addition’ (SENA) is available to service parents alongside ‘Continuity of Education Allowance’ (CEA) to contribute towards the support for service children with certain levels of additional need.

The application for CEA(SENA) is through submission of this form to the Children’s Education Advisory Service (CEAS) which is part of the MOD’s Defence Children Services (DCS). CEAS is responsible for the authorisation and monitoring of CEA (SENA). Contact details are:

Defence Children Services

Children’s Education Advisory Service,

Trenchard Lines,

Upavon,

Wiltshire,

SN9 6BE.

E-mail: [RC-DCS-HQ-CEAS@mod.gov.uk](mailto:RC-DCS-HQ-CEAS@mod.gov.uk)

*A SENA Application, along with all additional supporting documents (as per the checklist below), should be returned to the above email address.*

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| **CHECK LIST FOR PARENTS BEFORE SUBMISSION OF THE COMPLETED FORM:**  **A SENA application MUST include:**  All four sections of the SENA Application form.  (This must include either electronic or original parental signature on page 10 as well as a school signature on page 8).  A FULL copy of your most recent authorised CEA Eligibility Certificate downloaded from JPA.  Any relevant information submitted in support of your application.  This should include any documents referred to in the application, e.g. an Individual Education Plan (IEP), Welfare Plan, School’s ‘Pupil Passport’ (if applicable). Examples of your child’s work may be beneficial as part of an application.    **A SENA application SHOULD also include (if applicable):**  A copy of your child’s Statement of SEN / EHCP / CSP / ISP/ SCAN and annual review (where appropriate).  Any existing Educational Psychologist reports, i.e. from a local authority or DCS EP. *(N.B. the cost of EP reports will only be reimbursed if they have been obtained at the specific request of CEAS).*  Any educational or medical reports obtained at the request of CEAS. |

***Please note****: Applications submitted without the correct information, as above, will be initially returned to you for further completion – this will therefore delay your application.*

**Information regarding CEA(SENA)**

Please find the rules and regulations relating to CEA (SENA) in JSP 752 Chapter 14, Section 2.

CEA (SENA) contributes towards the additional costs associated with a specific support plan for an individual service child who has a level of Special Educational Needs (SEN) which cannot reasonably be met within the expected resources of the school. The decision on behalf of the MoD as to what is ‘reasonable’ for a particular school to provide is made by CEAS staff who are professionally qualified and experienced in SEN. Should the school decide not to make ‘reasonable adjustments’ to accommodate a pupil with additional needs then advice and guidance to parents on the duties on schools under the Equality Act 2010 can also be also provided by CEAS.

CEA(SENA) is paid within a maximum rate outlined in JSP 752 and on a clear time limited basis. It is crucial that there is clear evidence of the child’s needs. CEAS expect a detailed ‘child specific’ application outlining the proposed provision to meet those needs. Such plans are generated by the school and should be individually costed. School planning and the delivery of additionally funded support is reviewed against the individual progress and outcomes for that child.

Application for CEA(SENA) can take up to 9 weeks to process, given the need at times to request further information and/or for specific assessments to be requested and completed before a decision on SENA can be made. Early application is therefore crucial.

Please note, if SENA is granted, a SENA Certificate will be issued to the Service Parent with a clear ‘expiry date’. Full re-application is therefore necessary before a certificate expires. It is requested that parents submit a new application approximately half a term (6 weeks) before it’s expiry date.

**Guidance for completing the Application:**

This SENA application form consists of 4 sections, on pages 4-10 (inclusive), and is only complete with the submission of all four sections together. The 4 sections are:

Section 1: General information – completed by parents.

Please complete general details about your child.

Section 2: Summary of Identified Needs – completed by school (SENCO, Learning Support Coordinator or Inclusion Manager) at request of parents.

This section should indicate assessments carried out in school alongside the details of the support provided from within the school’s own resources.

**Further points to consider include:**

Section D (2):

Please either use this box, naming the Assessment, dating it and listing the associated data, or include the data sheet with this form, stating see attached. If this is not supplied, SENA is unlikely to be approved.

Section D (3):

This is where what has already been put in place is described; evidence of how these areas of need have been addressed by the school to date. If differentiation has occurred, please be explicit on how the activities/tasks have been differentiated, what level of support has been offered and what level of planning was required for this to happen. Please list and describe in detail, being as specific as possible; WHAT is taking place; HOW it is taking place; HOW often; and with WHOM.

Name the proprietary interventions and if used, name ICT resources. You may submit copies of child’s work if appropriate.

Section 3: Targets and Plans – completed by school at request of parents.

Section E:

An outcome is defined as, ‘*the benefit or difference made to an individual as a result of an intervention*’ (SEND Code of Practice 2015). It should describe what the child or young person will be expected to do/how the intervention will benefit them. In detail, please describe the strategies and resources required to achieve the outcomes in each area of need that is relevant to the needs of this pupil. These must be evidence based and directly linked to the plan that is specific to this pupil. Outcomes will be SMART:- Specific, Measurable, Achievable (but challenging), Relevant and Time-limited).

Section F:

This is about what provision is found within the school for all pupils which does not incur additional funding and what elements of support will need to be paid for, including what the school and parents are requesting with SENA. Each intervention should be listed and costed. It should be clear which interventions require funding through SENA, the number of sessions per term and the cost per session. This will be reviewed by qualified CEAS staff.

The exact number of weeks per term must also be completed.

Please include any additional information you feel may be pertinent to the application. The more information our panel have, the better informed they can be when making the final SENA decision.

Section G:

To be signed by the person with responsibility for implementing the Learning Support at the school. Please list any additional qualifications held.

Section 4: Service Parent Declaration – completed by parent

Section H:

To be completed by the service parent after familiarising themselves with the school’s evidence and proposed plans. It is the responsibility of the parents to oversee the academic progress and well-being of their child/young person. They should seek clarification from school staff if it is felt that the evidence does not reflect the child’s/young person’s needs.

Parents and the child/young person are encouraged to submit their views.

The service parent’s original signature is essential for this form to be put forward to the SENA panel.

**Section 1 (CEA/SENA application) – to be completed by parent/s**

**GENERAL INFORMATION TO SUPPORT AN APPLICATION FOR CEA/SENA**

**Parents and Schools MUST read this form carefully and the guidance associated with it to ensure full understanding of the Allowance and the process**

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| **A. PUPIL DETAILS:** | | | |
| Child’s Full Name: |  | DOB: |  |
| Family Name  (if different): |  | Male/Female: |  |
| Preferred Language: |  | Ethnicity: |  |
| Present School/Setting: |  | Year Group: |  |
| Start Date at present school: |  | Expected end date at present school: |  |
| Previous Schools attended: |  | Years: |  |
| Potential School /Setting (if applicable): |  | Start Date: |  |

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| **B. PARENT/CARER DETAILS:** | | | | |
| Service Person’s Name: |  | Rank: |  | |
| Relationship to child: |  | Service Number: |  | |
| Current Regt/Military  /Unit Address: |  | | | |
| Expected date of next posting: |  | | | |
| Home Address: |  | | | |
| Email Address: |  | | | |
| Work Tel: |  | Home/Mobile Tel: | |  |

**SECTION 2 – SEN information to be completed by the school (i.e. SENCo etc)**

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| **C. SCHOOL DETAILS:** | | | |
| Name of School: |  | | |
| Address (including postcode): |  | | |
| Telephone Number: |  | | |
| Email: |  | | |
| Name of staff member responsible for Learning Support: |  | | |
| Boarding Type (please indicate): | Day Pupil  Weekly Boarding  Full Boarding | | |
| Chronological Year Group: |  | Current Year Group: |  |
| Previous records received: | Yes  No *(If ‘Yes’ then please describe the records which were available to you)* | | |
| Brief History of identified needs (description will come later in the form): |  | | |
| EAL (If appropriate) Language used: |  | | |
| Specialist Agencies previously involved (Eg CAMHs, Educational Psychology, medical professionals): |  | | |
| Please indicate if any of these Plans are in place:  EHCP (England)/ Coordinated Support Plan (CSP) (Scotland)/ Statement of Special Educational Needs (N Ireland)/ Individual Development Plan (IDP) (Wales)/ Service Children’s Assessment of Need (SCAN)  **You must provide copies of relevant reports.** |  | | |

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| **D. CURRENT ASSESSMENT OF NEED BY CURRENT SCHOOL:** |
| 1. **Area(s) of need identified** (please indicate): |
| Cognition and Learning  Communication and Interaction  Social, emotional and Mental Health  Sensory and/or physical needs |
| 1. **Assessment/s of needs and strengths carried out by school staff**:   *(Please list* ***CURRENT*** *data/ tests results (Data MUST be dated).* ***Standardised Scores are preferable****. Comparison data is essential to show progress over time across the curriculum compared to age related expectations)* |
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| 1. How have you tried to address these needs; summarise interventions and the outcomes: |
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**SECTION 3**

(To be completed by the School i.e. Learning Support Coordinator/SENCO/Support for Learning Teacher etc.)

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| **E. PLAN FOR FUTURE SUPPORT:**  Please describe the strategies and resources required to achieve the outcomes in each area of need that is relevant to the needs of this pupil. These must be evidence based and directly linked to the plan that is specific to this pupil. Outcomes will be SMART:- Specific, Measurable, Achievable (but challenging), Relevant and Time-limited). Describe **in detail** presenting needs and the proposed plan for future support.  Please complete the area of need box/es appropriate to the pupil’s needs. | |
| **Area of Need: Cognition and Learning** | |
| Expected Outcomes: |  |
| Strategies and Resources: |  |
| Review date: |  |
| **Area of Need: Communication and Interaction** | |
| Expected Outcomes: |  |
| Strategies and Resources: |  |
| Review date: |  |
| **Area of Need: Social, Emotional and Mental Health** | |
| Expected Outcomes: |  |
| Strategies and Resources: |  |
| Review date: |  |
| **Area of Need: Sensory and/or Physical Needs** | |
| Expected Outcomes: |  |
| Strategies and Resources: |  |
| Review date: |  |

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| **F. SUPPORT PROVIDED BY SCHOOL AND SUPPORT COSTS NOT MET BY THE SCHOOL:** |
| Please identify which parts of the plan above are to be met from within the school’s own reasonable adjustments and resources: |
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| Please identify which parts of the plan above cannot be met by the school and which results in this application for additional funding. **Specific details as to any individual costs related to each element are required:** |
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| **Total itemised additional costs** (this needs to be per session per subject **NOT** banding or costs per term):   |  |  |  |  | | --- | --- | --- | --- | | **Term (Year)** | **Autumn (YYYY)** | **Spring (YYYY)** | **Summer (YYYY)** | | **Exact number of weeks per term** |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **No** | **Term** | **Year** | **Cost per session** | **Length of session (Minutes)** | **Ratio Teacher:**  **Pupils** | **Number of sessions per term** | | | | Literacy | Numeracy | Other  (please specify - e.g. SALT) | | **E.G.** | *Autumn* | *2019* | *£37.00* | *40* | *1:1* | *12* |  |  | | **E.G.** | *Spring* | *2020* | *£22.50* | *60* | *3:1* |  | *10* |  | | **1** |  |  |  |  |  |  |  |  | | **2** |  |  |  |  |  |  |  |  | | **3** |  |  |  |  |  |  |  |  | | **4** |  |  |  |  |  |  |  |  | | **5** |  |  |  |  |  |  |  |  | | **6** |  |  |  |  |  |  |  |  | |

**Additional Information:**

(Please include any additional information that you feel may be pertinent to the application)

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| **G. SCHOOL DECLARATION** | | |
| Name of member of staff: |  | Qualifications: |
| Role within School: |  | |
| You may opt to electronically sign or provide a handwritten signature informing Consent. *(Unsigned forms will be returned for completion and will not be processed until a signed form is received).*  **Option 1 - Electronic Signature**:  I agree that by **typing my name** and clicking ‘**Sign’,** I am electronically signing my application   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Signature |  | Date |  |  |   **Option 2 – Handwritten Signature**:  Signature: Date: | | |

**SECTION 4**

**SERVICE PARENT DECLARATION ON APPLICATION FOR SENA**

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| 1. **The overall view of Parents / Carers and Child/Young Person** |
| Parents’ / Carers’ View: |
| Date: |
| Pupil’s View (as an age appropriate response to the plan): |
| Date: |

I understand that it is my responsibility to submit all sections of this application form and agree to provide any additional requested information. I understand that the information will be held by CEAS until my child is aged 25, including in archives of records, for the purpose of any future review if required. I will liaise with CEAS and/or PACCC as requested and understand that CEAS may also contact the appropriate education/health authorities and/or social care departments to obtain information which may be required to enable a CEA/SENA decision to be taken. In doing so, CEAS may disclose only the information required to those departments so that they can in turn provide the information required for a decision on CEA/SENA to be made.

I hereby apply for CEA/SENA for my child.

You may opt to electronically sign or provide a handwritten signature informing Consent. *(Unsigned forms will be returned for completion and will not be processed until a signed form is received).*

**Option 1 - Electronic Signature**:

I agree that by **typing my name** and clicking ‘**Sign’,** I am electronically signing my application

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature |  | Date |  |  |

**Option 2 – Handwritten Signature**:

Signature: Date: