



CEAS SUPPORT APPLICATION FORM FOR A SERVICE CHILD WITH SPECIAL EDUCATIONAL NEEDS AND/OR DISABILITIES (SEND)

This form is to be used when requesting support for a Service child with additional needs.

In order to formally register your child with Special Educational Needs and/ or Disabilities (SEND), Service Personnel must complete and return this form along with **Annex A to DCYP_CEAS_FORM_03** to CEAS.

Please note: The AGAI 108 mandates Service Personnel in the Army to register their child with CEAS if they have SEND. Service Personnel in the RAF, RN, Marines are strongly recommended to register their child with CEAS if they have SEND (JSP 820 & 770).

ALL Service personnel are to register any children with additional needs or SEND if they in receipt of an Overseas Assignment order.

Please see our information sheet regarding SEND and CEAS Registration (DCYP-CEAS-INFO-06)

Section 1: PARENT DETAILS

| | | | | | | | |
|---------------------------------------|-------------------------------|-----------------------------|-----------------------------|----------------------------------|--|-----------|--|
| Service No: | | Rank: | | Surname: | | Initials: | |
| Service: | <input type="checkbox"/> Army | <input type="checkbox"/> RN | <input type="checkbox"/> RM | <input type="checkbox"/> RAF | <input type="checkbox"/> Civil Service | | |
| Army Personnel Only - Cap Badge | | | | | | | |
| Current Unit address (incl postcode): | | | | | | | |
| Current home address (incl postcode): | | | | | | | |
| Email: | | | | Expected future assignment date: | | | |
| Telephone Number: | | | | Mobile Number: | | | |

Section 2: CHILD DETAILS

| | | | | | | | |
|----------------------------|--|--|------------|--|--|-------------------------------|---------------------------------|
| First name(s): | | | Surname: | | | | |
| Date of Birth: | | | Year Group | | | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Name of current school: | | | | | | | |
| Address of current school: | | | | | | | |

**Section 3: FURTHER INFORMATION**

| | |
|--|--|
| What additional need(s) does your child have? | |
| What stage within the SEN /ASN /ALN system is your child at? <i>(please select as appropriate)</i> | |
| <input type="checkbox"/> Education Health Care Plan (EHCP- England) | <input type="checkbox"/> Statement (Wales/ Northern Ireland) |
| <input type="checkbox"/> Co-ordinated Support Plan (CSP – Scotland) | <input type="checkbox"/> SEN Support |
| <input type="checkbox"/> Other (please specify) | |

| |
|--|
| Please list any specialist services that have been involved with your child? (i.e. CAMHS, specialist teacher, speech therapist etc). Copies of any reports / correspondence must be provided. |
|--|

Section 4: REGISTRATION

| |
|---|
| Please check the relevant box below: |
| <input type="checkbox"/> I wish to register my child with CEAS – (Please complete Annex A*) |
| <input type="checkbox"/> I require general advice and support regarding my child with SEND |
| <input type="checkbox"/> Both of the above. |

If you wish to register, please note:

* We will only complete the CEAS SEND registration if your child's school confirms (within Annex A) that the child/ young person is recognised as having SEND and is receiving additional support/ monitoring as a consequence.

Once CEAS have completed the registration of your child/young person, we will inform you that registration is complete. As part of the registration process, we will also issue a notification in writing to your Commanding Officer (CO) and Assignment Authority (AA) stating that you have a child with additional needs.

The requirement to inform your CO and AA is so that advice and guidance can be sought from CEAS in regard to future assignments. It does not stop future assignments.

If you do not wish to register, CEAS will still offer SEND advice and support where needed. You must submit this form (including full details in Section 5), however, there is no requirement to complete Annex A.

**Section 5: SUPPORT REQUIRED**

Please detail below any support you require at this time.

(Please note, if your support is for Admissions & Appeals or Retention of SFA, additional information will be required)

Section 6: Supporting documentation to be returned:

(Please tick the check boxes so that we can ensure we have received all documentation sent by yourself)

| |
|---|
| <input type="checkbox"/> Signed Consent Form |
| <input type="checkbox"/> School Based Information (Annex A to DCYP-CEAS-FORM-03) |
| <input type="checkbox"/> Copies of school support plans (i.e. My Support Plan, IEP etc) |
| <input type="checkbox"/> Copy of EHCP / Statement / CSP (if applicable) |
| <input type="checkbox"/> Any additional evidence relating to your case |

CONSENT

I understand that the information provided on this form will be confidentially held by CEAS and that information may be entered on 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, for example, school admission authorities, schools, housing, health and unit staff.

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

Please tick this box to confirm that you have read and agree with the above consent

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 clicking 'sign', I am electronically signing my application.

| | | |
|------------------|-------------|-------------------------------|
| Signature: _____ | Date: _____ | <input type="checkbox"/> Sign |
|------------------|-------------|-------------------------------|

Option 2 – Handwritten Signature

Signature: _____ Date: _____



Please send completed form with any supporting documentation to:

| | | | |
|------------------------|--|------------------|---|
| Postal address: | CEAS, Bldg 183, Trenchard Lines, Upavon, Pewsey, Wiltshire, SN9 6BE | Email: | <u>DCYP-CEAS-Enquiries@mod.gov.uk</u> |
| Tel: | Military: 94344 8244 | Civilian: | 01980 618244 |
| Fax: | Military: 94344 8245 | Civilian: | 01980 618245 |