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DCYP-CEAS-FORM-03

SEND - CEAS Support Application Form

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).

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

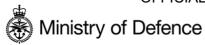
Please see our information sheet regarding SEND and CEAS Registration (DCYP-CEAS-INFO-O6)

Section 1: PARENT DETAILS

Service No:		Rank:		Surname:			Initials	3:	
Service:	□Army	□R	N	□RM		RAF		Civil	Service
Army Person	nel Only - Cap E	Badge							
Current Unit	address (incl po	stcode):							
Current home	Current home address (incl postcode):								
Email:				Expec	ted future a	assignmen	t date:		
Telephone Number: Mobile Number:									
Section 2: CHILD DETAILS									
	DETAILO								
First name(s)):			Surna	me:				
Date of Birth:	:			Year (Group		□ Male		Female
Name of current school:									
Address of current school:									

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Section 3: ADDITIONAL SCHOOLS DETAILS - Please provide your child's school history.

Names of all previous schools attended	Dates Attended		
		From	То
Section 4: FURTHER INFORMATION			
What additional need(s) does your child have?			
What stage within the SEN /ASN /ALN system is your	child at? (pleas	e select as approp	riate)
□ Education Health Care Plan (EHCP- England) □ Statement (Wales/ Northern Ireland)			
□ Co-ordinated Support Plan (CSP – Scotland) □ SEN Support			
☐ Other (please specify)			
Please list any specialist services that have been involved teacher, speech therapist etc). Copies of any report			
Section 5: REGISTRATION			
Please check the relevant box below:			
☐ I wish to register my child with CEAS – (Please cor	nplete Annex A*	(1)	
☐ I require general advice and support regarding my	child with SEND		
☐ Both of the above.			

If you wish to register, please note:

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^{*} 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.

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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 6), however, there is no requirement to complete Annex A.

Section 6: 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)
so required)
Section 7: Supporting documentation to be returned: (Please tick the check boxes so that we can ensure we have received all documentation sent by yourself)
☐ Signed Consent Form
☐ School Based Information (Annex A to DCYP-CEAS-FORM-03)
☐ Copies of school support plans (i.e. My Support Plan, IEP etc)
☐ Copy of EHCP / Statement / CSP (if applicable)
☐ Any additional evidence relating to your case

CONSENI

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.

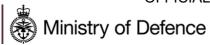
I agree that CEAS may contact appropriate authorities in order to inform their support and this can include, for example, school admission authorities, schools, housing, health and unit staff.

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

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DCYP-CEAS-FORM- 03



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SIGNATURE

You, the applicant may opt to electron	nically sign or provide a handwritten signature	e informing consent.
Option 1 – Electronic Signature		
☐ I agree that by typing my name and	d clicking 'sign', I am electronically signing m	y application.
Signature:	Date:	☐ Sign
Option 2 – Handwritten Signature		
Signature:		Date:

Please send completed form with any supporting documentation to:

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