(When completed)

Educational Supportability Assessment Request (ESAR)

This form is to be completed by the Service person with parental responsibility

All children aged **0-18** years of age require confirmation of educational supportability before accompanying their parent on an overseas assignment. Before completing this form, please ensure you have read the **Educational Supportability Assessment – Information Leaflet No:100.**

All personnel should note that, dependent on the needs of the child; assessment of educational supportability can take up to **12 weeks.** Family travel will be delayed if any part of the supportability process is incomplete.

- This form should be completed by the Service person with parental responsibility.
- If you require any support in completing this form, please contact the DCS School/Setting or the Overseas Education & Supportability (OES) team (RC-DCS-HQ-OES@mod.gov.uk).
- Please complete one OES Form 101 per child.
- Where a field does not apply, please indicate not applicable (N/A).

When complete:

- If moving to an area supported by DCS Schools/Settings, please send the completed form to the school/setting directly, unless transferring from Northern Ireland.
- If transferring from Northern Ireland, please send the completed form to the OES team (<u>RC-DCS-HQ-OES@mod.gov.uk</u>).

First Name(s):

 If moving to any other overseas area not supported by DCS Schools/Settings, please send the completed form to the OES team (<u>RC-DCS-HQ-OES@mod.gov.uk</u>).

Section 1: Child's Details

Child's Legal Surname:

Family Name (if different):		Gender:			
Date of Birth:		Year Gro	oup:		
Section 2: Details of Persons with Parental Responsibilities					
Serving person with parental responsibility:		Other person with parental responsibility:			
Relationship to child:		Relationship to child:			
Rank/Grade:		Service Number:			
Current email:		Alternative email:			
Current Tel:		Alternative Tel:			
Service Arm: (please tick)	Army □ Navy □ R	AF 🗆 Marin	ne 🗆 Ci	ivil Servant □	Other □
Current Unit Address:		Email:			
		Tel No:			
Line Manager's Name:		Email:			
		Tel No:			

(When completed)

Section 3: Proposed Assignment Details

Assignment location:

Destination Unit Address:

Proposed start date:	E	nd date:			
Section 4: Education Provi	ision				
Current School/Setting		Email:			
Name and Address:		Tel No:			
Proposed School/Setting		Email:			
Name and Address:		Tel No:			
School Type: (please tick) DC	S School/Setting Inde	ependent Sch	nool State School		
Is your child currently Electively	ectively Home Educated? Yes No No				
Is it your intention to Electively H	lome Educate?	Yes □	No 🗆		
We will request further informatio parental knowledge is essential in Please tick the box below that	n providing a holistic view o	of a child's ne		out	
Additional Needs - None	best describes your orn				
Additional support – e.g., col	mmunication reading ben	dwriting phy	voicel emotional and/or		
behavioural support.	minumication, reading, nan	idwiitiig, priy	Sical, emotional and/or		
3. Special Educational Needs/Additional Learning needs i.e., has an individual support plan.					
 4. Has any one of the plans listed below: Education Health and Care Plan – EHCP (England) Service Children's Assessment of Need – SCAN (DCS Schools) Individual Development Plan – IDP (Wales) Co-ordinated Support Plan – CSP (Scotland) Statement (NI) 					
If you have checked boxes 2, 3 or 4 please provide a description of the child's needs:					
As appropriate, please attach copies of any relevant information or reports. Please list the attachments below:					
Document:	Author: Date:				

(When completed)

	ase tick the relevant boxes below:	T	I		Τ		
Age	ency involvement	None	Past	Date support ended	Current		
Speech and Language Therapy							
Physiotherapy							
Educational Psychology							
Occupational Therapy							
Adv	isory Teacher/LEA SEND Support						
Chil	d and Adolescent Mental Health Services (CAMHS)						
Pae	diatrician						
Soc	ial Care						
Hea	alth Visitor						
Por	tage						
	er Agencies not listed above (for example, Sensory airment Services e.g., vision/hearing):						
If S	ensory Impairment, please provide additional details):		<u> </u>			
Sect	ion 6: Educational Considerations (please tick understand the below statements).	to confi	rm that	you have read	and		
	I confirm that I have read and understood Educations	al Support	ahility /	Seesement – In	formation		
	Leaflet No: 100.	ai Support	lability F	ASSESSINEIR – III	Torritation		
	I confirm that I have researched the educational provision in the overseas location, considering my				dering my		
	child's needs, curriculum differences, transition to diffe	•			ary school		
	to secondary school) as well as examination arranger	-	-				
		e considered the educational impact for my child when transitioning back to the English					
	education system (or devolved administration equivalence of advantage	•	end of m	ny assignment. I	nis		
	includes transferring during a critical stage of education		uroe that	may ba in place	in the		
	I have researched and considered the COVID restriction overseas assignment location.	10113/111EdS	ur c s ilidi	may be in place	iii ui c		
	I am aware that I should not proceed with my assignn	nent until I	have red	ceived 'Confirmat	ion of		
_	Educational Supportability'.			22.700 00111111101			

(When completed)

Section 7: Processing Your Data

The personal data collected in this form will be processed by Defence Children Services in accordance with the MOD Privacy Notice and DCS Record Management Directive.

DCS will hold, and use, your personal data under the public duty of the MOD to provide support to its personnel regarding the specific educational and welfare requirements of their children.

When required, DCS may share data with appropriate external organisations in order to fully understand and support your child's educational and welfare needs. This could include, but is not limited to, schools, social care and health professionals. If such circumstances apply, DCS will notify you in advance.

Section 8: Next Steps

If your child is in a school, please ask your child's current school to complete the OES Form 102. The school will send it directly to DCS, copying you in.

If your child is in an early years setting e.g., nursery, childminder, please ask your child's current setting to complete the OES Form 103. The school will send it directly to DCS, copying you in.

If your child is currently being Electively Home Educated, please fill in and enclose the completed OES Form 104.

DCS may contact your child's current school/setting directly if further information is needed.

Section 9: Declaration

I understand all the statements in Sections 6, 7 and 8.

Signature: By adding my electronic signature, or by typing my name, I am signing this form as confirmation of my understanding. I am also confirming, to the best of my knowledge, the information within this form is correct.

Signed:		
Full Name:	Date:	