

## Education Overseas Supportability (EOS) Form

THIS FORM IS TO BE COMPLETED BY THE CURRENT SCHOOL

*Processing the personal data, you provide to us is necessary for reasons of substantial public interest and will be used to inform the MOD's assessment of supportability. If the information requested is not provided, a child cannot be determined as supportable and can only be determined as unsupportable.*

*Data requested through the Education Overseas Supportability (EOS) Form is used by the relevant Ministry of Defence (MOD) school/setting and by the Children's Education Advisory Service (CEAS) to determine if there are any needs that should be considered as part of the MOD's assessment of supportability overseas (MASO). This is required by MOD policy currently laid out in Joint Service Publication (JSP) 770: Tri-Service Operational and Non-Operational Welfare Policy.*

*The data processed in this form is also used by the receiving school/setting to inform the allocation of resources that the school/setting can reasonably put in place to support a child who is, through the MASO, considered to be supportable overseas.*

The MOD's privacy notice provides further information about how we manage personal data and is accessed at the MOD's pages on [GOV.UK](https://www.gov.uk) and applies within the UK and overseas. Information contained in this form once completed, will be shared with relevant educational establishments, healthcare providers and social work services who provide services to children in the overseas location in question where required by the assessment of supportability policy and procedures laid out in MOD policy.

MOD Schools privacy notice describes how schools process personal information for their specific purposes and is accessed at MOD School's pages on [GOV.UK](https://www.gov.uk)

### **Record Retention.**

The information in this form will be retained in accordance with the DCYP Record Keeping policy.

## SCHOOL TO SCHOOL PROCEDURE

### **NORTHERN IRELAND TRANSFERS**

For children transferring from a school in Northern Ireland to an overseas location completion of the EOS form will be coordinated as below:

Transfer to a MOD school/setting overseas: DCYP: [DCYP-EPAS-GPMailbox@mod.gov.uk](mailto:DCYP-EPAS-GPMailbox@mod.gov.uk)

Transfer to Non-MOD school locations overseas: CEAS: [DCYP-CEAS-Enquiries@mod.gov.uk](mailto:DCYP-CEAS-Enquiries@mod.gov.uk)

**MOD schools overseas will not request information directly from schools in Northern Ireland.**

### **ENGLAND, WALES AND SCOTLAND TRANSFERS**

**For children transferring to a MOD school/setting.** The MOD head teacher/setting manager will request the completion of the EOS Form directly from the child's current school/setting and will liaise directly with the child's current school/setting. This form should be completed by the current school and returned to the head teacher/setting manager of the relevant school/setting in the overseas assignment location.

**For children transferring to a non- MOD school/setting (such as an international school).** CEAS will request the completion of the EOS form directly from the child’s current school/setting and will liaise directly with the child’s current school/setting. This form should be completed by a child’s current school/setting and returned to CEAS.

**This form should be completed by the child’s current school within 10 working days of receipt.**

Please complete one EOS form per child.

Where a field does not apply to your school/setting, please leave it blank

Please provide all contact details for your school/setting so that DCYP staff can liaise further as required.

**Please ensure that all information you share is done so with the agreement of the author/s**

Should you need to provide additional information that cannot be contained in the form, please submit with the form as an attachment.

Schools may contact the receiving MOD school/setting or CEAS for support if required.

**DETAILS OF CHILD**

<b>Legal Surname:</b>	<b>Legal forename:</b>	<b>Preferred name:</b>	<b>Date of birth:</b>

**Name of all person(s) with parental responsibility:**

**CURRENT SCHOOL**

<b>Early Years Setting</b> <input type="checkbox"/>	<b>Primary School</b> <input type="checkbox"/>	<b>Secondary School</b> <input type="checkbox"/>
---	--	--

**Name of school:**

**Name of the educational professional completing this form:**

**Job title:**

**Address:**

**Phone:**

**Email:**

**SENCO:**

**Please provide a narrative statement below and attach a summary of the child’s performance relative to their age expectations:**

**SPECIAL EDUCATIONAL NEEDS**

**Special Educational Needs (UK)/Additional Learning Needs (Wales), Additional Support Needs (Scotland).**

**Please tick the box below that best describes this child and:**

- indicate the level of need;

• provide additional information about the nature of the need and the type of support currently offered.

<p>1. None</p> <p><input type="checkbox"/></p>	<p>2. Additional support –e.g. communication, reading, handwriting, physical or behavioural support</p> <p><input type="checkbox"/></p>	<p>3. Special Educational Needs/Additional Learning needs i.e. has an individual support plan (ILP/IEP – England and NI), Learning needs plan (ALN - Wales), Additional Support Needs (ASN - Scotland)</p> <p><input type="checkbox"/></p>	<p>4. Education Health and Care Plan – EHCP (UK) Service Children’s Assessment of Need - SCAN (DCYP MOD Schools) Individual Development Plan – IDP (Wales) Co-ordinated Support Plan - CSP (Scotland) Statement (NI)</p> <p><input type="checkbox"/></p>
--	---	--	--

**If you have checked box 2, 3 or 4 please provide further information:**

<p><b>Description of need:</b></p>  <p><b>I have attached the following documents and I have sought the agreement of the authors:</b></p>		
Document:	Author:	Date:

**Attach copies of current relevant information or reports with this form.**  
**(For example, EHCP/SCAN/STATEMENT/CSP/IDP/IEP/ ILP/Early Help/TAC reports.)**

**Agency involvement.**

**Please tick the relevant boxes below, where agency support is currently being provided.**

Agency	None	Previous	Date support ended	Current
Speech and Language therapy	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Educational Psychology	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Occupational Therapy	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Advisory Teacher/LEA SEND support	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Child and Adolescent Mental Health Services (CAMHS)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Paediatrician	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Social Care (please give details below of level of care)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Health Visitor	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Portage	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Early Help/CAF	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

**Other Agencies not listed above (for example, Sensory Impairment Services):**

**In some overseas locations, support for physical and/or medical needs may be limited. Please briefly outline any medical needs and list additional support requirements relating to the child/young person's physical or medical needs (for example, a visualiser, adapted seating or a hearing aid loop) below:**

**SIGNATURE**

**This signature completes the EOS form. Without this signature, the EOS cannot be processed further by DCYP.**

The education professional who completed this form should fill in the signature and date boxes below:

Electronic Signature: I agree that by typing my name and ticking 'Signed', I am electronically signing this form.

Signature:

Date:

SIGNED:

**Should further information be required a member of DCYP will contact you by phone or email to request additional information.**