

OFFICIAL-SENSITIVE PERSONAL  
(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](mailto: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 ([RC-DCS-HQ-OES@mod.gov.uk](mailto:RC-DCS-HQ-OES@mod.gov.uk)).
- If moving to any other overseas area not supported by DCS Schools/Settings, please send the completed form to the OES team ([RC-DCS-HQ-OES@mod.gov.uk](mailto:RC-DCS-HQ-OES@mod.gov.uk)).

### Section 1: Child's Details

Child's Legal Surname:		First Name(s):	
Family Name (if different):		Gender:	
Date of Birth:		Year Group:	

### 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 <input type="checkbox"/> Navy <input type="checkbox"/> RAF <input type="checkbox"/> Marine <input type="checkbox"/> Civil Servant <input type="checkbox"/> Other <input type="checkbox"/>		
Current Unit Address:	Email:		
	Tel No:		
Line Manager's Name:	Email:		
	Tel No:		

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**Section 3: Proposed Assignment Details**

Assignment location:			
Destination Unit Address:			
Proposed start date:		End date:	

**Section 4: Education Provision**

Current School/Setting Name and Address:		Email:	
		Tel No:	
Proposed School/Setting Name and Address:		Email:	
		Tel No:	

School Type: (please tick)	DCS School/Setting <input type="checkbox"/>	Independent School <input type="checkbox"/>	State School <input type="checkbox"/>
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Is your child currently Electively Home Educated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is it your intention to Electively Home Educate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Section 5: Additional Needs**

We will request further information from your child's school/setting regarding any additional needs, but parental knowledge is essential in providing a holistic view of a child's needs.

<b>Please tick the box below that best describes your child:</b>	
1. Additional Needs - None	<input type="checkbox"/>
2. Additional support – e.g., communication, reading, handwriting, physical, emotional and/or behavioural support.	<input type="checkbox"/>
3. Special Educational Needs/Additional Learning needs i.e., has an individual support plan.	<input type="checkbox"/>
4. Has any one of the plans listed below: <ul style="list-style-type: none"> <li>• Education Health and Care Plan – EHCP (England)</li> <li>• Service Children's Assessment of Need – SCAN (DCS Schools)</li> <li>• Individual Development Plan – IDP (Wales)</li> <li>• Co-ordinated Support Plan – CSP (Scotland)</li> <li>• Statement (NI)</li> </ul>	<input type="checkbox"/>
<b>If you have checked boxes 2, 3 or 4 please provide a description of the child's needs:</b>	
<b>As appropriate, please attach copies of any relevant information or reports. Please list the attachments below:</b>	
<b>Document:</b>	<b>Author:</b>
	<b>Date:</b>

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**Please tick the relevant boxes below:**

Agency involvement	None	Past	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	<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"/>
Other Agencies not listed above (for example, Sensory Impairment Services e.g., vision/hearing):	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>If Sensory Impairment, please provide additional details:</b>				

**Section 6: Educational Considerations (please tick to confirm that you have read and understand the below statements).**

- I confirm that I have read and understood **Educational Supportability Assessment – Information Leaflet No: 100**.
- I confirm that I have researched the educational provision in the overseas location, considering my child's needs, curriculum differences, transition to different stages of education (e.g., primary school to secondary school) as well as examination arrangements, if appropriate.
- I have considered the educational impact for my child when transitioning back to the English education system (or devolved administration equivalent) at the end of my assignment. This includes transferring during a critical stage of education.
- I have researched and considered the COVID restrictions/measures that may be in place in the overseas assignment location.
- I am aware that I should **not** proceed with my assignment until I have received 'Confirmation of Educational Supportability'.

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### 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:	

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