**Defence Children Services- Request for Support Form**

Complete and return this to the UK Education Advisory Team at RC-DCS-HQ-EAT@mod.gov.uk or the Overseas Education and Supportability (OES) Team at RC-DCS-HQ-OES@mod.gov.uk.

**Section 1: Pupil Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Surname  |  | First Name (s)  |  |
| Date of Birth: |  | Year group  |  |

**Section 2: Parents’ Details**

|  |  |
| --- | --- |
| Serving Parent’s Name: |  |
| Other parent/carer ( or person with parental responsibility)  |  |
| Status entitled/non-entitled  |  |
| Serving parent’s Service Arm ( eg: Army, Navy, RAF , Marine CS etc)  |  |
| Rank/Grade |  | Section  |  |
| Unit  |  | Service Number  |  |
| Current assignment location |  | Assignment expiry date  |  |
| Current Home  |  | Email |  |
| Tel No: |  |

**Section 3: Education Provision**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is your child currently Home Educated (Elective Home Education)? **If No, please complete sections on current school below**  | Yes  |  | No  |  |
| **Current School Details** |
| School name: |
| Tel no:  |
| Email contact: |

**Section 4: Support Request**

|  |
| --- |
| **In the box below, please describe the support you need in as much detail as possible** |
|  |
| My child has additional needs **If Yes, please complete the section below**  | Yes  |  | No  |  |
| **What additional/SEND needs does your child have? Please insert a X for all that apply below**  |
| Visual difficulties  |  | Hearing difficulties |  |
| Language/Communication difficulties  |  | Learning difficulties  |  |
| Emotional difficulties  |  | Behavioural difficulties  |  |
| Social difficulties  |  | Mobility/Physical difficulties  |  |
| Other ( please specify )  |
| **What additional services does your child receive ? Please insert a X for all that apply below** |
| Extra classroom support |  | Behaviour Support  |  |
| Speech and Language Therapy  |  | Physiotherapy  |  |
| Educational Psychology  |  | Child and Adolescent Mental Health ( CAMHS)  |  |
| Occupational Therapy  |  | Social Work  |  |
| Paediatrician  |  |  |  |
| **Other Information/comments**:If appropriate, please attach copies of any reports from professionals, an Education, Health and Care Plan, Statement of Special Educational Needs, Coordinated Support Plan etc. |

**Section 5: 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.

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 contact and 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 6: Declaration**

By adding my electronic signature, or by typing my name below, I am electronically signing this form as confirmation of my understanding of all the statements in Section 5. I am confirming, to the best of my knowledge, that the information I have provided in this form is correct.

**Signed:**

**Full name: Date:**