## **Education Overseas Supportability (EOS) Form**

Information requested through the Education Overseas Supportability (EOS) Form is used by the relevant MOD school/setting and by CEAS to manage a child's transition to an overseas based school or setting.

It also signposts the receiving school/setting to any further, significant information about the pupil and allows schools to put in place any resources which may be needed to support the child where reasonably practicable.

The lawful basis for processing this information is in the 'delivery of a public task.'

- If moving to a MOD School, the Headteacher will request the completion of the EOS Form directly from the child's current school
- If moving to a non-MOD School overseas, the parent will request the completion of the EOS Form directly from the child's current school and the parent will send to CEAS.

Where a school or setting is not able to complete the EOS Form, equivalent educational information will be accepted.

Please refer to the MOD's Privacy Notice for further information:

https://www.gov.uk/government/publications/ministry-of-defence-privacy-notice/mod-privacy-notice

Storing the Education Overseas Supportability Form

- MOD Schools will store the EOS Form for the duration of the child attending the school. They may
  also keep it beyond their attendance, if this is necessary in order to comply with their legal
  obligations. DCYP records management policy sets out how long information about children is
  kept.
- CEAS will store the EOS Form on their secure database until the child is 25 years old.

GENERAL INFORMATION						
Legal Surname:	Legal forename:		Preferred name:		Date of birth:	
Name of person with	Unique Pupil Number		Unique Learner Number		Unique Candidate Identifier	
parental responsibility:	(UPN):		(ULN) Secondary schools:		(UCI) Secondary schools:	
Gender	Year Group		Attendance		Unauthorised absence	
	1	%			%	
<b>Current School Details (ple</b>	ase check the box):					
Early Years Setting	Primary	Schoo	ol 🗆	Sec	ondary School 🔲	
Name of person completin	g this form:					
Job title:						
Address:						
Phone:						
Email:						
Additional comments, inclu	uding barriers to lea	rning	and next steps:			

Special Educational Needs (please check the box that best describes this child):							
1. None	2. Additional support –e.g.	3. Special Ed	-	4 Education	4. Education Health and		
1. None	communication, reading,	Needs i.e. ha			Care Plan – EHCP (UK),		
	handwriting, physical or		pport plan		SCAN (DCYP MOD		
	behavioural support		), an	Schools),	•		
	Schaviourar Support		 arning needs	• • • • • • • • • • • • • • • • • • • •	Co-ordinated Support		
		plan (IDP - W	_		Plan - CSP (Scotland)		
Additional information - if	you have checked box 2, 3 or	4 please prov	ide informat	tion below, inclu	uding		
frequency of support:							
Please attach copies of curi	ent relevant information or r	eports e.g. F	HCP/SCAN/C	SP. IFP/ILP/IDP	. Farly		
Help/TAC reports		cho. to c.B	,	,,,	, ,		
Agency involvement (pleas	e check the relevant hoves)						
	e check the relevant boxesi						
	e check the relevant boxes	None	Previous	Date support	Current		
Agency	e theth the relevant boxesy	None	Previous	Date support ended	Current		
Agency		None	Previous		Current		
Agency Speech and Language the							
Agency  Speech and Language the Physiotherapy							
Agency  Speech and Language the Physiotherapy Educational Psychology							
Agency  Speech and Language the Physiotherapy Educational Psychology Occupational Therapy	rapy						
Agency  Speech and Language the Physiotherapy Educational Psychology Occupational Therapy Advisory Teacher/LEA SEN	rapy ND support						
Agency  Speech and Language the Physiotherapy Educational Psychology Occupational Therapy Advisory Teacher/LEA SEN	rapy						
Agency  Speech and Language the Physiotherapy Educational Psychology Occupational Therapy Advisory Teacher/LEA SEN Child and Adolescent Meropadiatrician	rapy ND support						
Agency  Speech and Language the Physiotherapy Educational Psychology Occupational Therapy Advisory Teacher/LEA SEN Child and Adolescent Men Paediatrician Social Care	rapy ND support						
Agency  Speech and Language the Physiotherapy Educational Psychology Occupational Therapy Advisory Teacher/LEA SEN Child and Adolescent Men Paediatrician Social Care Health Visitor	rapy ND support	S)					
Agency  Speech and Language the Physiotherapy Educational Psychology Occupational Therapy Advisory Teacher/LEA SEN Child and Adolescent Men Paediatrician Social Care Health Visitor Portage	rapy ND support	S)					
Agency  Speech and Language the Physiotherapy Educational Psychology Occupational Therapy Advisory Teacher/LEA SEN Child and Adolescent Men Paediatrician Social Care Health Visitor Portage Early Help/CAF	ND support	S)					
Agency  Speech and Language the Physiotherapy Educational Psychology Occupational Therapy Advisory Teacher/LEA SEN Child and Adolescent Men Paediatrician Social Care Health Visitor Portage Early Help/CAF	rapy ND support	S)					
Agency  Speech and Language the Physiotherapy Educational Psychology Occupational Therapy Advisory Teacher/LEA SEN Child and Adolescent Men Paediatrician Social Care Health Visitor Portage Early Help/CAF	ND support	S)					
Agency  Speech and Language the Physiotherapy Educational Psychology Occupational Therapy Advisory Teacher/LEA SEN Child and Adolescent Men Paediatrician Social Care Health Visitor Portage Early Help/CAF	ND support	S)					
Agency  Speech and Language the Physiotherapy Educational Psychology Occupational Therapy Advisory Teacher/LEA SEN Child and Adolescent Men Paediatrician Social Care Health Visitor Portage Early Help/CAF	ND support	S)					
Agency  Speech and Language the Physiotherapy Educational Psychology Occupational Therapy Advisory Teacher/LEA SEN Child and Adolescent Men Paediatrician Social Care Health Visitor Portage Early Help/CAF	ND support	S)					
Agency  Speech and Language the Physiotherapy Educational Psychology Occupational Therapy Advisory Teacher/LEA SEN Child and Adolescent Men Paediatrician Social Care Health Visitor Portage Early Help/CAF	ND support	S)					
Agency  Speech and Language the Physiotherapy Educational Psychology Occupational Therapy Advisory Teacher/LEA SEN Child and Adolescent Men Paediatrician Social Care Health Visitor Portage Early Help/CAF	ND support	S)					
Agency  Speech and Language the Physiotherapy Educational Psychology Occupational Therapy Advisory Teacher/LEA SEN Child and Adolescent Men Paediatrician Social Care Health Visitor Portage Early Help/CAF If any other agencies (not li	ND support Intal Health Services (CAMH	S)		ended			
Speech and Language the Physiotherapy Educational Psychology Occupational Therapy Advisory Teacher/LEA SEN Child and Adolescent Mer Paediatrician Social Care Health Visitor Portage Early Help/CAF If any other agencies (not li	ND support	S)		ended			
Agency  Speech and Language the Physiotherapy Educational Psychology Occupational Therapy Advisory Teacher/LEA SEN Child and Adolescent Men Paediatrician Social Care Health Visitor Portage Early Help/CAF If any other agencies (not list) Please attach copies of any Behaviour support:	ND support Intal Health Services (CAMH	S)	encies indica	ended			
Speech and Language the Physiotherapy Educational Psychology Occupational Therapy Advisory Teacher/LEA SEN Child and Adolescent Men Paediatrician Social Care Health Visitor Portage Early Help/CAF If any other agencies (not list  Please attach copies of any Behaviour support: Any behaviour support – YE	ND support Intal Health Services (CAMH  sted) are involved please pro  current reports from the pro	S)	encies indica	ended			
Speech and Language the Physiotherapy Educational Psychology Occupational Therapy Advisory Teacher/LEA SEN Child and Adolescent Men Paediatrician Social Care Health Visitor Portage Early Help/CAF If any other agencies (not list) Please attach copies of any Behaviour support: Any behaviour support – YE Exclusion – YES  NO	ND support Intal Health Services (CAMH  sted) are involved please pro  current reports from the pro  S □ NO □ Beh	S)	encies indica	ended			
Speech and Language the Physiotherapy Educational Psychology Occupational Therapy Advisory Teacher/LEA SEN Child and Adolescent Men Paediatrician Social Care Health Visitor Portage Early Help/CAF If any other agencies (not list) Please attach copies of any Behaviour support: Any behaviour support – YE Exclusion – YES  NO	ND support Intal Health Services (CAMH  sted) are involved please pro  current reports from the pro	S)	encies indica	ended			

Pilot Version – 24 <sup>th</sup> February 2020 to 31 <sup>st</sup> August 2020						
Please attach copies	of current behaviour pl	an/con	tract			
Safeguarding:	or carrent benderous pr	un, con				
	ents held: YES 🗌 NO 🗌					
	tact details for Designa	ted Saf	eguarding Lead:	1		
Name:						
Phone:						
Email:						
	cal adaptation or provis	sion ma	de by the schoo	l e.g	. Epi Pen:	
Additional information	on:					
DIEACE AT	TACH A COPY OF	TUE	CLIDDENT	DEI	OODT AND AC	CECCNAENIT
PLEASE AT	IACH A COPT OF			NEI	OKI AND AS	SESSIVIEIVI
		l	LEVELS			
ADDITIO	NAL ASSESSMEN	T INF	ORMATIO	N C	AN BE ADDE	O ON THE
CEDADATE DA	GE BELOW IF YO	MI III	WE NOT DE	201	IDED THIS IN	IEODMATION
JEFANATE FA						IFORIVIATION
	IN A	ANOT	THER FORM	IAT		
PARENTAL AGREEN	IENT:					
Parents are aware t	Parents are aware that this information is being shared $\square$					
SIGNATURE OF PRO	SIGNATURE OF PROFESSIONAL WHO COMPLETED THIS FORM:					
Electronic Signature	e: I agree that by typin	g my n	ame and ticking	g 'Si	gn', I am electron	ically signing my
application.						
Signature:			Date:			SIGN □
EDUCATION OVERSEAS SUPPORTABILITY FORM – ADDITIONAL INFORMATION						
COMPLETE THIS PAGE IF YOU HAVE NOT PROVIDED ASSESSMENT INFORMATION IN						
ANOTHER FORMAT  Complete the appropriate section for your setting						
SECTION 1 – EARLY YEARS/PRESCHOOL						
Please check the box to show the type of setting and write the number of hours accessed						
None	Childminder	Hours			e-school/Day	Hours:
None	Cilianinaci	liours	<b>,</b>		rsery	Tiours.
EARLY YEARS PROGR	ESS					
Area			Stage e.g.		Comments	
		22-36 months - emerging				
Communication and language development						
Physical developmen	t					
Personal, social, and						
Literacy development						
Mathematics						
Understanding the w	orld					
Expressive arts and design						

SECTION 2 – PRIMARY						
	NATIONAL TESTS – Please	e indicate i	f tests have	been done		
England KS1 results  Welsh National Test  Scottish CEM  Other						
Please write the name of t	he assessment:					
Please show standardised	scores below (where app	licable)				
Year 1 Phonics (England)	Reading	Writing	Times Table Test (England)	Mathema	tics	Science
ATTAINING FAIT			At a wall a say	alatad OD atta	-l	
ATTAINMENT – please red		against na han 3 mon		elated OK atta	icn a recen	it report (no
If the nunil is working w	ithin a different year's cui		and the second s	rically V5 but w	orking wi	thin the V3
ii the pupil is working w		um please		ically 13 but w	TOT KING WI	tilli the 13
READING						
WRITING						
GPS/SPAG						
MATHEMATICS						
OTHER SUBJECTS (optiona	1)					
	SECTION	3 - SECO	NDARY			
	NATIONAL TESTS - Please			been done		
England KS2 results						
Welsh National Test results						
Scottish CEM results						
Other						
Please write the name of the assessment:						
Please show standardised scores below (where applicable)						
Reading	Writing		Mathemat	tics	Scie	ence
ATTAINMENT – please state current performance against national age-related expectations i.e. Well below,						
	Above, Well above OR att	ach a rece	nt report (no	older than 3 r	months)	
ENGLISH						
MATHEMATICS						
OTHER SUBJECTS						
(optional)						
PARENTAL AGREEMENT:						
Parents are aware that this information is being shared $\square$						
SIGNATURE OF PROFESSIONAL WHO COMPLETED THIS FORM:						
Electronic Signature: I agree that by typing my name and ticking 'Sign', I am electronically signing my application.						
Signature:			Date:		SIG	N 🗆