

Compass West Sussex Registration Form for young people aged 0-17



What is Compass West Sussex?

Compass West Sussex is the children and young people's disability register for West Sussex. It is held by the charity Amaze on behalf of West Sussex County Council. Registering on Compass West Sussex is voluntary – if you do register your child, the information you give is used anonymously to help plan local services for children and young people with special educational needs and disabilities (SEND).

Compass Card West Sussex

Once you have registered a child, you will receive a Compass Card West Sussex, which gives you access to discounted fun, leisure and sport. We will also send you regular updates on the issues, services and events that matter to you.

Can I register my child on Compass West Sussex?

You can register your child on Compass West Sussex if:

- They are under 25 years old and have special educational needs, disabilities or complex health needs that **have a big effect** on their daily life. They will usually be eligible for Disability Living Allowance (DLA) or Personal Independence Payment (PIP), or have an Education, Health and Care Plan (EHC Plan) or statement of special educational needs
- **AND** they live in West Sussex or go to school or college there or they are a 'looked after' child under the care of West Sussex Social Services or a young person eligible for Adult Social Care support in West Sussex

If you are not sure about whether you can register your child on Compass West Sussex, or would like help filling out the form, call Amaze on **0300 123 9186** or email **CompassWSx@amazebrighton.org.uk**

Before you start filling in this form

- A parent, or carer with parental responsibility, should complete this form for children under 16. Although this form is designed for parent carers, children over 16 are welcome to complete their own form
- If your child is aged 18-25, they should complete an 18-25 Compass West Sussex registration form instead. You can get one from our website at **www.amazebrighton.org.uk**, by calling Amaze on **0300 123 9186** or by emailing **CompassWSx@amazebrighton.org.uk**
- Fill in a separate form for each child in your family with special educational needs or disabilities. The more information you provide the better – but if questions do not apply to your child, just leave them blank

Child's basic details:

First name:

Surname:

Home address:

Postcode:

Tel:

Date of birth:

Gender: male/female/other

Current Height (in cm):

Current weight (in kg):

Name and address of GP surgery:

Name of child's current nursery, school, college or special unit:

Parent carer's details

First name:

Surname:

Address (if different from above):

Postcode:

Relationship to child (e.g. parent, adoptive parent, grandparent, foster carer):

Email*:

Tel:

Mob*:

*allows us to tell you about Compass Card West Sussex special offers

Are you completing this form for a 'looked after' child? Yes No

If yes, please provide the name and contact details for the child's social worker:

Name:

Tel no:

Email:

(they will need to confirm, where legally required, that the parents have been informed or give their permission for Compass West Sussex registration)

Questions about your child

Brothers and Sisters

How many brothers and sisters does your child have? (please circle one option) none / 1 / 2 / 3 / 4 / 5 / more than 5

Do any of them have special educational needs or disabilities? none / 1 / 2 / 3 / 4 / 5 / more than 5 / don't know

Do the brothers/sisters share in the care of your child? yes / no / not applicable

Diversity Monitoring

Please describe your child's ethnic origin:

- | | |
|---|---|
| <input type="checkbox"/> White British | <input type="checkbox"/> Black or Black British African |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Black or Black British Caribbean |
| <input type="checkbox"/> White Traveller of Irish Heritage | <input type="checkbox"/> Any other Black background |
| <input type="checkbox"/> White Gypsy Roma | <input type="checkbox"/> Mixed White and Black African |
| <input type="checkbox"/> Any other White background | <input type="checkbox"/> Mixed White and Black Caribbean |
| <input type="checkbox"/> Asian or Asian British Bangladeshi | <input type="checkbox"/> Mixed White and Asian |
| <input type="checkbox"/> Asian or Asian British Chinese | <input type="checkbox"/> Any other Mixed background |
| <input type="checkbox"/> Asian or Asian British Indian | <input type="checkbox"/> Any other ethnic background |
| <input type="checkbox"/> Asian or Asian British Pakistani | <input type="checkbox"/> I prefer not to say |
| <input type="checkbox"/> Any other Asian background | |

What is the main language your child speaks at home?

What is your child's religion or beliefs?

- No religion
- Buddhist
- Christian
- Hindu
- Jain
- Jewish
- Muslim
- Sikh
- Other
- I prefer not to say

What is your child's sexual orientation?

- Not relevant, they are too young
- Heterosexual
- Gay
- Lesbian
- Bisexual
- Other
- I prefer not to say

Your child's needs, care and diagnosis

Tell us more about your child's needs by ticking one box for each question.

Some questions might not apply to your child. Leave those questions blank.

1. Does your child have a learning difficulty?

- No
- Mild learning difficulty
- Moderate learning difficulty
- Severe learning difficulty
- Profound learning difficulty
- Specific learning difficulty (e.g. Dyslexia, Dyspraxia)

2. Does your child have any difficulties with communication?

- No
- Has limited understanding and/or difficulties expressing self
- Relies on gestures, aids or other people to express their needs

3. Does your child have visual problems?

- No
- Mild (e.g. can't recognise a friend across the road)
- Moderate (e.g. needs glasses to watch TV or look at a book)
- Severe (e.g. can't tell by the light where windows are)
- Registered blind

4. Does your child have hearing problems?

- No
- Mild (e.g. doesn't hear someone calling to them in the street)
- Moderate (e.g. hearing could be improved with a hearing aid)
- Severe (profoundly or totally deaf)

5. Does your child have challenging behaviour?

- No
- Mild (e.g. often miserable, afraid or worried)
- Moderate (e.g. gets into arguments or falls out with other children quite a lot)
- Severe (e.g. can be aggressive, destructive, often shouts or hurts self)

6. Does your child have mobility problems?

- No (is fully mobile)
- Moderate difficulties (e.g. needs help or walking aids, or tires very quickly)
- Severe difficulties (e.g. needs a wheelchair to get about)

7. What personal care (e.g. washing dressing, feeding) does your child need?

- About what you would expect for their age
- Needs extra help or reminding
- Dependent on others for all personal care

8. Are your child's toileting skills about what you would expect for their age?

- Yes
- Needs help or reminding
- Incontinent at night
- Incontinent both day and night

Please tick any of the following conditions that apply to your child:

- | | |
|--|--|
| <input type="checkbox"/> Acquired brain injury | <input type="checkbox"/> Hearing impairment |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hydrocephalus |
| <input type="checkbox"/> Asperger Syndrome | <input type="checkbox"/> Metabolic disorders |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Attachment Disorder | <input type="checkbox"/> Myalgic Encephalomyelitis (ME/Chronic Fatigue Syndrome) |
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD) | <input type="checkbox"/> Obsessive Compulsive Disorder |
| <input type="checkbox"/> Autistic spectrum condition (ASC) | <input type="checkbox"/> Oppositional Defiance Disorder |
| <input type="checkbox"/> Blood disorders | <input type="checkbox"/> Pathological Demand Avoidance |
| <input type="checkbox"/> Cancer or leukaemia | <input type="checkbox"/> Pervasive Developmental Disorder |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Renal disorders |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Skeletal disorders |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Skin condition |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Speech and language difficulties |
| <input type="checkbox"/> Down's Syndrome | <input type="checkbox"/> Tourette's Syndrome or other tic disorder |
| <input type="checkbox"/> Dyslexia or specific learning difficulty | <input type="checkbox"/> Visual impairment |
| <input type="checkbox"/> Dyspraxia or coordination difficulties | <input type="checkbox"/> Genetic syndrome (please give name)..... |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Named syndrome (please give name)..... |
| <input type="checkbox"/> Emotional and behavioural difficulties | <input type="checkbox"/> Any other condition (please give details) |
| <input type="checkbox"/> Epilepsy | |
| <input type="checkbox"/> Global Developmental Delay | |

Does your child receive Disability Living Allowance (DLA) or Personal Independence Payment (PIP)?

Yes No Awaiting outcome

Does your child need constant supervision? Yes No

Has your child ever received an Early Help Assessment? Yes No

Does your child have a condition that requires medical treatment or intervention every day?

(e.g. taking medicines, physiotherapy, asthma pump) Yes No

If yes, who provides this treatment/intervention?

Has this person received enough training and support? Yes No Not applicable

Approximately how many days has your child spent in hospital in the last year? 0 1-5 6-10 11-15 16-20 21+
(circle one option)

Approximately how many health-related appointments have they had in the last year? 0 1-5 6-10 11-15 16-20 21+

If your child has a GP, do they have a good grasp of your child's needs? Yes No Not applicable

Is your child registered with a dentist? Yes No

If yes, are you satisfied with their treatment? Yes No

Your Child's Housing

Is your child's housing adequate for their needs? Yes No

What type of housing is it? House Flat Bungalow Other

Is it: Owned / Shared ownership scheme / Private rented / Rented from local authority / Rented through housing association / Other (circle one option)

Your Child's Transport

Does your family own a car? Yes No

Or do you lease a car through the Motability Scheme? Yes No

Does your child travel by bus or train? Yes No

Is your child able to travel on their own? Yes No Not relevant as too young

Your Child's Education

If your child is at school or college, do they board there during the week? Yes No Not applicable

Does your child have an Education, Health and Care Plan (EHC Plan) or a Statement? Yes No

If not, are they getting other Special Educational Needs (SEN) support at school? Yes No

Has your child been excluded from school in the past year? No / At risk of exclusion / Temporary exclusion / Permanent

Has your child been informally excluded in the past year? (e.g. you've been asked to collect them before school finishes)
Yes No

If your child has been formally or informally excluded in the past year, which school was involved?

.....

Has your child ever experienced bullying at school? Yes No

Has your child ever experienced bullying out of school? Yes No

Because of their additional needs, have they been involved in bullying others? Yes No

Services Used and/or Needed by Your Child

1. Tell us which services your child has received in the last year by ticking the **Receiving** box
2. Tell us which services your child doesn't receive, but you feel they would benefit from, by ticking the **Needed** box (even if the service has been refused to your child or you know there is a long waiting list)
3. Tick **both boxes** if your child has received a service in the last year but you feel they need more of it

Health

Receiving Needed

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Alternative/Complementary Therapies |
| <input type="checkbox"/> | <input type="checkbox"/> | Child and Adolescent Mental Health Service (CAMHS) |
| <input type="checkbox"/> | <input type="checkbox"/> | Child Development Centre |
| <input type="checkbox"/> | <input type="checkbox"/> | Children's Community Nurse |
| <input type="checkbox"/> | <input type="checkbox"/> | Community Paediatrician |
| <input type="checkbox"/> | <input type="checkbox"/> | Health Visitor |
| <input type="checkbox"/> | <input type="checkbox"/> | Hospital Paediatrician |
| <input type="checkbox"/> | <input type="checkbox"/> | Occupational Therapy |
| <input type="checkbox"/> | <input type="checkbox"/> | Physiotherapy |
| <input type="checkbox"/> | <input type="checkbox"/> | Specialist Health Visitor |
| <input type="checkbox"/> | <input type="checkbox"/> | Speech and Language Therapy |
| <input type="checkbox"/> | <input type="checkbox"/> | Wheelchair Service |

Education

Receiving Needed

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Early Childhood Service |
| <input type="checkbox"/> | <input type="checkbox"/> | Educational Psychology Service |
| <input type="checkbox"/> | <input type="checkbox"/> | Learning and Behaviour Advisory Team |
| <input type="checkbox"/> | <input type="checkbox"/> | Portage Service |
| <input type="checkbox"/> | <input type="checkbox"/> | SEN School Transport |
| <input type="checkbox"/> | <input type="checkbox"/> | SEND Information, Advice and Support Service |
| <input type="checkbox"/> | <input type="checkbox"/> | Sensory Support Team |
| <input type="checkbox"/> | <input type="checkbox"/> | Social Communication Team |
| <input type="checkbox"/> | <input type="checkbox"/> | Special Educational Needs Team |

Social Care

Receiving Needed

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Child Disability Team |
| <input type="checkbox"/> | <input type="checkbox"/> | Choice Team |
| <input type="checkbox"/> | <input type="checkbox"/> | Direct Payments or Personal Budgets |
| <input type="checkbox"/> | <input type="checkbox"/> | Early Help |
| <input type="checkbox"/> | <input type="checkbox"/> | Family Placement Team |
| <input type="checkbox"/> | <input type="checkbox"/> | Fun and Breaks Service |
| <input type="checkbox"/> | <input type="checkbox"/> | Help/Advice (including financial) |
| <input type="checkbox"/> | <input type="checkbox"/> | Other Social Worker |
| <input type="checkbox"/> | <input type="checkbox"/> | Overnight Short breaks (respite) |
| <input type="checkbox"/> | <input type="checkbox"/> | Sensory Services Team |
| <input type="checkbox"/> | <input type="checkbox"/> | The Independent Living Service (adaptations and special equipment) |

Voluntary Organisations and Other Services

Receiving Needed

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | After school play schemes |
| <input type="checkbox"/> | <input type="checkbox"/> | Amaze Independent Support Service |
| <input type="checkbox"/> | <input type="checkbox"/> | Blue Badge |
| <input type="checkbox"/> | <input type="checkbox"/> | Carers Support West Sussex |
| <input type="checkbox"/> | <input type="checkbox"/> | Counselling |
| <input type="checkbox"/> | <input type="checkbox"/> | Holiday play schemes |
| <input type="checkbox"/> | <input type="checkbox"/> | Home-Start Crawley, Horsham and Mid Sussex (CHAMS) |
| <input type="checkbox"/> | <input type="checkbox"/> | Leisure and sporting clubs |
| <input type="checkbox"/> | <input type="checkbox"/> | National or local support groups |
| <input type="checkbox"/> | <input type="checkbox"/> | Reaching Families |
| <input type="checkbox"/> | <input type="checkbox"/> | Short Breaks |
| <input type="checkbox"/> | <input type="checkbox"/> | West Sussex Parent Carer Forum |

Person completing this form

I declare that the information I have given on this form is true to the best of my knowledge

Signed: Date: Print name:

Are you: Child's parent carer / Other carer / Young person 16 or over / Partner agency representative

(please specify type of professional, e.g. Support Worker)

Two cards in one - Compass Card and West Sussex library card

Would you like your child to join West Sussex Library Service at the same time as registering on Compass West Sussex? West Sussex libraries can provide free access to a range of books and online resources, plus access to fun activities and events. If you would like your child to join the library we can arrange this as part of their Compass West Sussex registration. If your child is already a library member and you would like to combine their membership with their Compass Card we can also arrange this.

In order to take up this joint membership, you will need to give Amaze permission to share the following personal information with West Sussex Library Service. They will only use it for the purposes of setting up your child's library membership, it will not be shared with any other part of the County Council: **1.** Your child's name **2.** Your child's address **3.** Your child's date of birth **4.** Your phone number **5.** Your email address (if you have one) **6.** The barcode number and expiry date on your child's Compass Card **7.** Your child's existing library card number if you want to combine it with your Compass Card

Please let us know your preference:

Yes, I would like my child's Compass Card to also be their West Sussex Libraries Card, and I give permission for Amaze to share the personal information listed above with West Sussex Library Service for the purposes of setting up my child's library membership.

If your child already has a West Sussex library card and you would like to combine it with their Compass Card, please add the 9-digit library card barcode number here:

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No, I do not want my child's Compass Card to also be their West Sussex Libraries Card so do not share any of my or my child's information with West Sussex Library Service.

Receiving your Compass Card

I would like to collect the Compass Card from my preferred West Sussex public library, which is:
You can find a list of them at www.westsussex.gov.uk/location-directories/find-a-library
If you choose this option, the library will call you when the card is ready for collection.

I would like the Compass Card to be posted to my home address

Thank you for completing this form and registering on Compass West Sussex. Please return the completed form (no stamp needed) to: **AMAZE, FREEPOST SEA14216, BRIGHTON, BN1 3ZZ**

If your child is eligible for a Compass Card, we aim to send the card out to you within three weeks. We will ask you to update your child's information every two years and will send you a renewal form in the post before their card expires, so do let Amaze know if you change address.

Amaze Email: CompassWSx@amazebrighton.org.uk Telephone: **0300 123 9186**



Amaze is registered under the Data Protection Act (1998).
The information from this form will be held on computer and will be used anonymously for general reporting and statistical purposes to monitor and plan future resources and services provided by West Sussex education, health, social care and voluntary agencies.