

# Compass Brighton and Hove Registration Form

for children and young people aged 0-17



## What is Compass Brighton and Hove?

Compass Brighton and Hove is the children and young people's disability register for Brighton and Hove. It's held by the charity Amaze on behalf of Brighton and Hove City Council. Registering on Compass Brighton and Hove 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 Brighton and Hove

Once you've registered a child, you'll receive a Compass Card Brighton and Hove, which gives you access to discounted fun, leisure and sport. We'll also send you regular updates on the issues, services and events that matter to you.

## Can I register my child on Compass Brighton and Hove?

You can register your child on Compass Brighton and Hove 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 Brighton and Hove or go to school or college there, or they are a 'looked after' child under the care of Brighton and Hove Social Services, or a young person eligible for Adult Social Care support in Brighton and Hove

If you are not sure whether you can register your child on Compass Brighton and Hove, would like extra guidance on filling out the form, or would like to complete the form over the phone, call Amaze on **01273 772289** or email **compass@amazesussex.org.uk**. You can also find extra guidance about how to fill out the form at **www.compasscard.org.uk**

## Before you start filling in this form

- A parent, or carer with parental responsibility, should complete and sign this form for children under 16. Young people aged 16 or over should complete and sign their own form if they can (with help if needed). If a young person aged 16 or over isn't able to complete and sign the form themselves, a parent or carer with parental responsibility should do so.
- If your child is aged 18-25, they should complete an 18-25 Compass Brighton and Hove registration form instead. You can get one from our website at **www.compasscard.org.uk**, by calling our helpline on **01273 772289** or by emailing **compass@amazesussex.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 don't 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

What is the main language your family speaks at home?

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\* (please print):

Tel:

Mob\*:

\*allows us to tell you about Compass Card Brighton and Hove special offers

How would you like to receive the Amaze newsletter? Email  Post

Where did you hear about Compass Brighton and Hove? .....

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

A 'looked after' child' is under the care of their local authority

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

Name:

Tel no:

Email (please print):

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

## Questions about your child

### Brothers and Sisters

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

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

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

### Diversity Monitoring

1. 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"/> Asian or Asian British Pakistani   | <input type="checkbox"/> Any other ethnic background      |
| <input type="checkbox"/> Any other Asian background         | <input type="checkbox"/> I prefer not to say              |

2. What is your child's religion or beliefs?

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> No religion | <input type="checkbox"/> Jewish              |
| <input type="checkbox"/> Buddhist    | <input type="checkbox"/> Muslim              |
| <input type="checkbox"/> Christian   | <input type="checkbox"/> Sikh                |
| <input type="checkbox"/> Hindu       | <input type="checkbox"/> Other               |
| <input type="checkbox"/> Jain        | <input type="checkbox"/> 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 of the following 8 questions. If you tick more than one answer we will always record the most severe of your chosen answers, for consistency. **If any of the questions don't apply to your child, e.g. they are too young, please leave them blank.**

### 1. Does your child have a learning difficulty or learning disability?

- No
- Mild learning difficulty or learning disability
- Moderate learning difficulty or learning disability
- Severe learning difficulty or learning disability
- Profound learning difficulty or learning disability
- 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. registered as partially sighted or 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. can't clearly hear words spoken closely to them, or 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 outdoors)
- A full time wheelchair user (is completely dependent on wheelchair for mobility)

### 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"/> Heart condition  |
| <input type="checkbox"/> Anxiety   | <input type="checkbox"/> Hydrocephalus  |
| <input type="checkbox"/> Arthritis                                       | <input type="checkbox"/> Metabolic disorders  |
| <input type="checkbox"/> Asperger Syndrome                               | <input type="checkbox"/> Muscular Dystrophy   |
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Myalgic Encephalomyelitis (ME/Chronic Fatigue Syndrome)  |
| <input type="checkbox"/> Attachment Disorder                             | <input type="checkbox"/> Obsessive Compulsive Disorder  |
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD) | <input type="checkbox"/> Oppositional Defiance Disorder   |
| <input type="checkbox"/> Autistic spectrum condition (ASC)               | <input type="checkbox"/> Pathological Demand Avoidance  |
| <input type="checkbox"/> Blood disorders                                 | <input type="checkbox"/> Pervasive Developmental Disorder   |
| <input type="checkbox"/> Cancer or leukaemia                             | <input type="checkbox"/> Renal disorders  |
| <input type="checkbox"/> Cerebral Palsy                                  | <input type="checkbox"/> Sensory processing disorder (please circle the relevant senses – hearing / seeing / touch / smell / taste / balance / body position) |
| <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"/> Spina Bifida   |
| <input type="checkbox"/> Dyslexia or specific learning difficulty        | <input type="checkbox"/> Tourette's Syndrome or other tic disorder  |
| <input type="checkbox"/> Dyspraxia or coordination difficulties          | <input type="checkbox"/> Visual impairment  |
| <input type="checkbox"/> Eczema  | <input type="checkbox"/> Genetic syndrome (please give name).....   |
| <input type="checkbox"/> Emotional and behavioural difficulties          | <input type="checkbox"/> Named syndrome (please give name).....   |
| <input type="checkbox"/> Epilepsy  | <input type="checkbox"/> Any other condition (please give details)  |
| <input type="checkbox"/> Global Developmental Delay                      |   |
| <input type="checkbox"/> Hearing impairment                              |   |

**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

**How does your child usually sleep?** Good  OK  Struggles

**Does your child have any issues with eating?** (e.g. physical eating problems or sensory difficulties around eating food)

Yes  No  Not sure

**Has your child ever received an Early Help Plan?** Yes  No  Not sure

(An Early Help Plan is an action plan focused on what would improve a family's situation and the actions that could start to make things better)

**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?** (e.g. parent, school) .....

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

**Does your child need to be laid down for changing, either on a changing bench or a bed?** Yes  No

**Does your child use a hoist-assisted toilet at home?** Yes  No, but they need one  No, and this isn't relevant to my child

**Does your child need to use a hoist-assisted toilet or adult-sized changing bench when outside the home?** Yes  No

**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?** (including Annual Health Checks for young people aged 14 and over with a learning disability) 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 public transport?** Yes  No

**Is your child able to travel unaccompanied on public transport?** 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?**

.....

Continued...

Has your child ever experienced bullying at school? Yes  No  Don't know

Has your child ever experienced bullying out of school? Yes  No  Don't know

Because of their additional needs, have they been involved in bullying others? Yes  No  Don't know

## 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). This information helps to tell us which services are most needed. It won't result in us contacting these services on your behalf but we might send you info about them in the future

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"/> | Bladder and Bowel Service (toileting and continence support)                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Community Paediatric Nurse (e.g. Home Care Team or School Nurse for children with disabilities) |
| <input type="checkbox"/> | <input type="checkbox"/> | Community Paediatrician (e.g. paediatrician at Seaside View Child Development Centre)           |
| <input type="checkbox"/> | <input type="checkbox"/> | Dietician   |
| <input type="checkbox"/> | <input type="checkbox"/> | Family Health Visitor   |
| <input type="checkbox"/> | <input type="checkbox"/> | Hospital Paediatrician (a paediatrician is a doctor who specialises in treating children)       |
| <input type="checkbox"/> | <input type="checkbox"/> | Hydrotherapy  |
| <input type="checkbox"/> | <input type="checkbox"/> | Occupational Therapy  |
| <input type="checkbox"/> | <input type="checkbox"/> | Physiotherapy   |
| <input type="checkbox"/> | <input type="checkbox"/> | Specialist CAMHS (Children and Adolescent Mental Health Service) at Aldrington Centre           |
| <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"/> | Wellbeing Service for Children and Young People 4-25 (short-term mental health support)         |
| <input type="checkbox"/> | <input type="checkbox"/> | Wheelchair and Special Seating Service  |

### Voluntary Organisations and Other Services

Receiving Needed

- |                          |                          |                                  |
|--------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | After school play schemes        |
| <input type="checkbox"/> | <input type="checkbox"/> | Amaze                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Blue Badge                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Chestnut Tree House              |
| <input type="checkbox"/> | <input type="checkbox"/> | Childminder                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Counselling                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Crossroads Care                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Holiday play schemes             |
| <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"/> | Triangle                         |

### Education

Receiving Needed

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | ASC (Autistic Spectrum Condition) Support  |
| <input type="checkbox"/> | <input type="checkbox"/> | Early Years Support (previously PRESENS off-site)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Educational Psychologist   |
| <input type="checkbox"/> | <input type="checkbox"/> | Language Support   |
| <input type="checkbox"/> | <input type="checkbox"/> | Literacy Support   |
| <input type="checkbox"/> | <input type="checkbox"/> | Schools Wellbeing Service (mental health wellbeing in schools)                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Sensory Needs Support (Hearing Impairment and Visual Impairment)                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Social, Emotional and Mental Health Support (previously Behaviour and Inclusive Learning Team) |
| <input type="checkbox"/> | <input type="checkbox"/> | Transport and escort to school   |
| <input type="checkbox"/> | <input type="checkbox"/> | Transport to school  |
| <input type="checkbox"/> | <input type="checkbox"/> | Use of special educational equipment at school   |

### Social Care

Receiving Needed

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Adaptations or special equipment   |
| <input type="checkbox"/> | <input type="checkbox"/> | Children's Disability Service Social Worker                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Children's Disability Team Outreach  |
| <input type="checkbox"/> | <input type="checkbox"/> | Community Family Worker (e.g. Safety Net Families Team, Family Link Workers) |
| <input type="checkbox"/> | <input type="checkbox"/> | Direct Payments or Personal Budgets  |
| <input type="checkbox"/> | <input type="checkbox"/> | Family Coaching (Integrated Team for Families and Parenting Services)        |
| <input type="checkbox"/> | <input type="checkbox"/> | Foster Placement   |
| <input type="checkbox"/> | <input type="checkbox"/> | Help/advice (including financial)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Link Plus Service (Barnardo's)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Other Social Worker  |
| <input type="checkbox"/> | <input type="checkbox"/> | Residential Short Breaks (respite care)                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Sensory Services Team  |
| <input type="checkbox"/> | <input type="checkbox"/> | Transport (not to and from school – see Education above)                     |

Are there any other services not listed? If so please add them here and say if your child receives them or doesn't but needs them

## Person completing this form

Amaze is registered under the Data Protection Act (2018). The information on this form will be processed and stored securely under data protection principles and will be used for the following reasons only:

1. To contact you directly with updates about Compass Card Brighton and Hove and other information that may be useful to you as a parent carer, or young person with SEND
2. Anonymously for general reporting and statistical purposes, to monitor and plan future resources and services provided by the city's education, health, social care and voluntary agencies.

Amaze needs consent to process and store the personal information on this registration form. Please tick the option below that applies to you:

- The child on this registration form is aged 0-15 and I am the parent carer of this child, or carer with parental responsibility. The information I have given on this form is true to the best of my knowledge and I give consent for the personal information on this form to be processed by Amaze.**

Signed..... Date.....

Print name.....

Relationship to child/young person (e.g. parent, foster carer).....

- I am the young person named on this registration form and I am aged 16 or over. The information I have given on this form is true to the best of my knowledge and I give consent for the personal information on this form to be processed by Amaze.**

Signed..... Date.....

Print name..... Email\* .....

\*allows us to tell you about Compass Card Brighton and Hove special offers

- The young person named on this registration form is aged 16 or over and I confirm that they are unable to complete and sign this form themselves. The information I have given on this form is true to the best of my knowledge and I give consent for the personal information on this form to be processed by Amaze.**

Signed ..... Date.....

Print name .....

Relationship to child/young person (e.g. parent, foster carer, social worker)\*\*.....

\*\*Amaze may need to confirm that you are able to give consent to share the young person's info

## Receiving your Compass Card

Thank you for completing this form and registering on Compass Brighton and Hove.

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 resubmit your child's information every two years and will send you a registration form in the post before their card expires, so do let us know if you change address.

**Amaze** Email: [compass@amazesussex.org.uk](mailto:compass@amazesussex.org.uk) Telephone: **01273 772289** [www.compasscard.org.uk](http://www.compasscard.org.uk)

