

# Compass Brighton and Hove Registration Form

for young people aged 18-25



## 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, so you don't have to register on it if you don't want to. If you register, your information is used anonymously to help plan local services for young people with special educational needs and disabilities (SEND).

## Compass Card Brighton and Hove

Once you've filled in this form and sent it back to Amaze, 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 on Compass Brighton and Hove?

You can register on Compass Brighton and Hove if:

- You are under 25 years old and have special educational needs, disabilities, or complex health needs that have a big effect on your daily life. For example, you might get 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** you live in Brighton and Hove or go to school or college there, or you are a young person eligible for Adult Social Care support in Brighton and Hove

If you are not sure whether you can register on Compass West Sussex, or would like help filling out the form, call Amaze on **01273 772289** or email **compass@amazesussex.org.uk**. You can also find extra guidance at **www.compasscard.org.uk**

## Before you start filling in this form

- This form is for young people aged 18-25. You are welcome to fill in and sign this form yourself or get somebody to help you. If you are unable to fill in and sign the form yourself, your parent carer can do so on your behalf, or another adult who is responsible for your care. Please see the back page of this form for more information about who can sign this form. If you are filling in this form on behalf of a young person, please remember that when a question says 'YOU' it means the young person themselves.
- If you are aged under 18, you should fill out a Compass Brighton and Hove registration form for children and young people aged 0-17 instead. You can get one from the Amaze website at **www.compasscard.org.uk**, by calling our helpline on **01273 772289** or by emailing **compass@amazesussex.org.uk**
- If you are applying on behalf of more than one young person, you will need to fill out a separate form for each one
- The more information you write on the form the better, but if questions don't apply to you, just leave them blank

## Your basic details: (remember this is the young person's details if you are completing the form on their behalf)

**First name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Home address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Mob:** \_\_\_\_\_ **Email\*:** \_\_\_\_\_

**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 your college or university (if you go to one):** \_\_\_\_\_

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

## Who should we send the Compass Card to?

You directly / Your parent carer / Somebody else (please circle ONE option only)

If not the young person directly, please give the name and address we should send the card to:

First name:

Surname:

Address (if different from the young person's):

Postcode:

Email\* (please print):

Tel:

Mobile:

Relationship to young person (e.g. parent carer, adoptive parent, grandparent, personal assistant, support worker)

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

Would you like to receive the Amaze newsletter? Email  Post  No

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

## Questions about you (the young person)

### Brothers and Sisters

1. How many brothers and sisters do you 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

3. Do your brothers and sisters help with your care? yes / no / not applicable

### Diversity Monitoring

#### 1. How would you describe your 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'd rather not say               |
| <input type="checkbox"/> Any other Asian background         |   |

#### 2. What is your religion or belief?

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

#### 3. Which of the following best describes your sexual orientation?

- Heterosexual  
 Gay  
 Lesbian  
 Bisexual  
 Other  
 I prefer not to say

## Your needs, care and diagnosis

Tell us more about your needs by ticking **one** box for each of the following 8 questions. We can only record a maximum of one answer for each question. Some questions might not apply to you, so you can leave those blank

### 1. Do you 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. Do you have any difficulties with communication?

- No
- I have limited understanding or difficulties expressing myself
- I rely on gestures, aids or other people to express my needs

### 3. Do you have any problems with your sight?

- No
- Mild (e.g. I can't recognise a friend across the road)
- Moderate (e.g. I need glasses to watch TV or look at a book)
- Severe (e.g. I am registered as partially sighted or can't tell by the light where windows are)
- I am registered blind

### 4. Do you have hearing problems?

- No
- Mild (e.g. I can't hear someone calling to me in the street)
- Moderate (e.g. I can't clearly hear words spoken closely to me, or my hearing is better with a hearing aid)
- Severe (I am profoundly or totally deaf)

### 5. Do other people say that they find your behaviour difficult?

- Not difficult
- Mildly difficult (e.g. because sometimes I feel very sad, afraid or worried)
- Moderately difficult (e.g. because I get into arguments or fall out with friends quite a lot)
- Very difficult (e.g. because I can be aggressive, destructive, might shout a lot or hurt myself on purpose)

### 6. Do you have problems moving around?

- No
- Moderate difficulties (e.g. I need help or walking aids, or I get tired very quickly)
- Severe difficulties (e.g. I need a wheelchair to get about outdoors)
- I am a full time wheelchair user (I need my wheelchair at home and outdoors)

### 7. Do you need help with things like washing, dressing or eating?

- No
- I need a bit of extra help or reminding
- I rely on other people for my personal care

### 8. Do you need extra help when you go to the toilet?

- No
- I need a bit of extra help or reminding
- I'm incontinent at night
- I'm incontinent both day and night

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### Please tick any of the following conditions that apply to you:

- |  |   |
|--|---|
| <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                              |   |

**Do you receive Disability Living Allowance (DLA) or Personal Independence Payment (PIP)?**

Yes  No  Awaiting outcome

**Do you need someone with you all the time, to help keep you safe?** Yes  No

**How do you usually sleep?** Good  OK  Badly

**Do you have any problems with eating?** (e.g. you find cutlery hard to hold or you really don't like to try new foods)

Yes  No  Not sure

**Do you need medical treatment every day?** (e.g. taking medicines, physiotherapy, asthma pump) Yes  No

**If yes, does anybody help you with this?** (e.g. my parent, my support worker) Yes  No

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

**Do you need to use an adult-sized changing bench or be laid on your bed when you change your clothes?** Yes  No

**Do you use a hoist-assisted toilet at home?** Yes  No, but I need one  No and I don't need one

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

**How many days have you 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 you 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 you have a GP, do they have a good understanding of your health needs? (this might include your mental health needs)**

Yes  No  Not applicable

**Are you registered with a dentist?** Yes  No

**If yes, are you happy with your dentist** Yes  No

## Your Housing (the young person)

**Is your housing right for you?** Yes  No

**Do you live at home with your family?** Yes  No

**If you live with your family, what type of housing is it?** House  Flat  Bungalow  Other

**Do you know if it is (circle one option):** Owned / Shared ownership scheme / Private rented / Rented from the council / Rented through housing association / I don't know

**If you don't live with your family, where do you live?** I live in my own flat our house / I live in supported housing / I live in residential care / Other

## Your Transport (the young person)

**Do you or your family own a car?** Yes  No

**Or do you or your family lease a car through the Motability Scheme?** Yes  No

**Do you travel by public transport?** Yes  No

**Are you able to travel on your own?** Yes  No

## Your Education, Training, Work and Volunteering (the young person)

**Do you have an Education, Health and Care Plan (EHC Plan), Moving On Plan or a Statement?** Yes  No

**Have you ever been bullied at school or college?** Yes  No  Don't know

**Have you ever been bullied away from school or college?** Yes  No  Don't know

**Have you ever been involved in bullying others?** Yes  No  Don't know

**Are you doing any training?** (e.g. work skills) Yes  No

**Do you have a paid job or are you a volunteer somewhere?** (circle ALL that apply to you)

No / I have a paid job / I am a volunteer

## Services Used and/or Needed (the young person)

1. Tell us which services you have used in the last year by ticking the **'I get'** box
2. Tell us which services you don't get, but you think would help you, by ticking the **'I need'** box (even if you've been refused the service or you know there is a long waiting list) This info helps to tell us which services are most needed. It won't result in us contacting these services on your behalf but we might be able to send you info about them in the future'
3. Tick **both boxes** if you are getting a service but you feel that you need more of it

### Health

- | I get                    | I need                   |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Adult Mental Health Services   |
| <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 Health Team  |
| <input type="checkbox"/> | <input type="checkbox"/> | Hospital Consultant or Specialist  |
| <input type="checkbox"/> | <input type="checkbox"/> | Occupational Therapy   |
| <input type="checkbox"/> | <input type="checkbox"/> | Physical Disability Service  |
| <input type="checkbox"/> | <input type="checkbox"/> | Physiotherapy  |
| <input type="checkbox"/> | <input type="checkbox"/> | Sexual health services   |
| <input type="checkbox"/> | <input type="checkbox"/> | Speech and Language Therapy  |
| <input type="checkbox"/> | <input type="checkbox"/> | Substance misuse services  |
| <input type="checkbox"/> | <input type="checkbox"/> | TAPA (Teen to Adult Personal Advisor - supporting young people aged 14-25 with emotional wellbeing and mental health issues) |
| <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   |

### Social Care

- | I get                    | I need                   |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Adaptations or special equipment  |
| <input type="checkbox"/> | <input type="checkbox"/> | Adult Social Care Social Worker or Care Manager   |
| <input type="checkbox"/> | <input type="checkbox"/> | Community Learning Disability Team Social Worker or Care Manager  |
| <input type="checkbox"/> | <input type="checkbox"/> | Community support in your own home or out and about (e.g. Grace Eyre, Francis Taylor Foundation, the council) |
| <input type="checkbox"/> | <input type="checkbox"/> | Family Coach (Integrated Team for Families)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Support Through Care Team (previously 16 Plus Support Team)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Direct Payments or Personal Budgets   |
| <input type="checkbox"/> | <input type="checkbox"/> | Learning Disability Team  |
| <input type="checkbox"/> | <input type="checkbox"/> | Residential short breaks (e.g. Beach House)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Sensory Services Team   |
| <input type="checkbox"/> | <input type="checkbox"/> | Transport (including to and from college or day service)  |

### Education, Training and Employment

- | I get                    | I need                   |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Dialogue Therapeutic & Family Services (community-based counselling) |
| <input type="checkbox"/> | <input type="checkbox"/> | Educational Psychologist   |
| <input type="checkbox"/> | <input type="checkbox"/> | Independent Training Provider or Apprenticeship Scheme (Nacro, Dv8)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Other independent information, advice and guidance                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Supported Employment Team  |
| <input type="checkbox"/> | <input type="checkbox"/> | Volunteer programme (e.g. Princes Trust)                             |

### Voluntary Organisations and Other Services

- | I get                    | I need                   |                                   |
|--------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Amaze                             |
| <input type="checkbox"/> | <input type="checkbox"/> | Blue Badge                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Carers Centre                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Chestnut Tree House               |
| <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"/> | Other national or local charities |
| <input type="checkbox"/> | <input type="checkbox"/> | Possability People                |
| <input type="checkbox"/> | <input type="checkbox"/> | Social clubs or groups            |

### Housing Support

- | I get                    | I need                   |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Shared Lives   |
| <input type="checkbox"/> | <input type="checkbox"/> | Supported Living   |
| <input type="checkbox"/> | <input type="checkbox"/> | Support to live in your own flat (e.g. Independence at Home Service) |

**Are there any other services not listed?** If so please add them here and say if you get them or don't but need 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 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. The young person themselves should complete and sign this form if they are able to, but if they are unable to, it should be signed by a parent carer or other adult who is legally responsible for the young person's care. Amaze may need to confirm that the person signing the form is able to give consent for the young person's personal information to be processed. Please tick the option below that applies to you:

**I am the young person named on this registration form. 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.....

**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 carer, other carer)\* .....

\*(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 you are eligible for a Compass Card, we aim to send the card out to you within three weeks. We will ask you to resubmit your information every two years and will send you registration form in the post before your 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)



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